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ABSTRACT

This report deals with the effect of the new federalism on family planning programs and considers the impact of a shift from federal categorical funding to block grants. Testimony from Department of Health and Human Services officials outlines the experience and insights gained through administrations of the Title X program. The materials deal with programs for adolescents seeking contraceptive services and pregnancy counseling and the characteristics of participants in these programs. A review of educational and information materials produced under Title X is included along with letters from supporters of federally funded family planning agencies. (JAC)

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OVERSIGHT ON FAMILY PLANNING PROGRAMS UNDER TITLE X OF THE PUBLIC HEALTH SERVICE ACT, 1981

HEARING

BEFORE THE

SUBCOMMITTEE ON
AGING, FAMILY AND HUMAN SERVICES

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

NINETY-SEVENTH CONGRESS

FIRST SESSION

ON

OVERSIGHT ON THE ROLE OF THE FEDERAL GOVERNMENT
IN FAMILY PLANNING ADMINISTERED UNDER TITLE X OF
THE PUBLIC HEALTH SERVICE ACT

JUNE 23 AND SEPTEMBER 28, 1981

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OVERSIGHT ON FAMILY PLANNING PROGRAMS UNDER TITLE X OF THE PUBLIC HEALTH SERVICE ACT, 1981

TUESDAY, JUNE 23, 1981

U.S. Senate,
Subcommittee on Aging, Family and Human Services,
Committee on Labor and Human Resources,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:47 a.m., in room 6226, Dirksen Senate Office Building, Senator Denton (chairman of the subcommittee) presiding.

Present: Senators Denton and Metzenbaum.

Opening Statement of Senator Denton

Senator Denton. Good morning. Today's hearing on title X of the Public Health Service Act will now come to order.

I would like to welcome Senator Metzenbaum, who is the only member who will be able to be with us today according to staff predictions. Senators Hatch and Humphrey have statements which they have requested be submitted in the record, and accordingly, they shall be inserted at a point before we commence with the first witnesses.

I will make an opening statement, and then invite the distinguished Senator from Ohio to do the same.

America is entering the era that the new administration calls the new federalism, in which responsibility for governing will be turned back, in some degree, to State and local government. Deregulation, another administration policy, will result not only in removing the Federal Government and State and local government from some matters that are better left to other social entities, such as the family, a business, the church, or the individual.

These proposed transfers are currently the topic of a growing debate, particularly in the area which we will be discussing today. And I believe that debate will continue long after this hearing; in fact, after this whole series of hearings, is completed.

However, this subcommittee has a responsibility to make incremental progress to aid State and local governments by evaluating current Federal programs that they may soon have the opportunity to alter and administrate at the State and local levels.

This, of course, is in the context of the block grant approach.

As we look at the history of this family planning subject, we find that over the past 10 years the Federal Government has spent $1½ billion on family planning through title X of the Public Health Services Act. This decade-long expenditure represented society's growing acceptance of birth control as a legitimate subject of public policy.

Originally, however, title X funds were to pay for services to low-income women who might not have access to a birth control method. Over time, the shape of the program was changed by those in the Congress who accepted the tenets of the family planning advocates with regard to adolescent sexuality.

Through the seventies, those advocates carried out a drive for expanded Federal support of services to adolescents. These family planning proponents argued that the birth rate among adolescents could be reduced through easier access to contraceptive services and information.

Spurred on by reports pointing to the adolescent pregnancy rate as a growing problem when actually it was down about 20 percent between the midfifties and the midseventies, the Congress decided to codify an approach to minors that not only stressed the need to provide contraceptives to teens but, moreover, would do so without the knowledge or consent of their parents.

This policy was justified on the grounds that sexually active teens need protection against the dangers of unwanted pregnancy more than they need the preachments of parents or society.

Last year nearly one-third of all title X recipients were teens and, in turn, a large number of these teens were unemancipated minors receiving confidential services. There is a serious question about the efficacy and wisdom of federally supported organizations providing contraceptives and medical advice to unemancipated children without their parents' knowledge and, thereby, further isolating teens from family during a time when parental counsel is most needed.

Beyond that issue, however, is the simple question of whether or not the program actually can solve the problem of adolescent pregnancy. The evidence is not encouraging.

After years of unprecedented effort, the teenage pregnancy rate is basically the same. More teens are sexually active, and referral for abortion has become one of the most widely used means to reduce the rate of teenage child bearing. Over one-half million teenage pregnancies ended in abortion last year.

Proponents of family planning clinics that refer a great number of these teens to abortion clinics argue for more money to reach greater numbers of teens at earlier ages. One must now question those who call for more of the same in addressing the problem that may or may not be resolvable through a technological fix which simply provides birth control devices and instructions for their use to teens.

Moreover, from evidence it appears that one by product of subsidizing birth control for teens under title X has been a weakening of the focus that was once placed upon serving the poor.

In 1979 it was estimated that only 574,000 of the 3 to 7 million receiving title X benefits were actually receiving public assistance. Many proponents of title X cite the large numbers of patients who are classified as low income. Often they fail to mention that most of the estimated 1.5 million teens receiving benefits were classified as low income on the basis of their own income rather than their parents', or that estimates of poverty status are subject to overreporting because of family size and underreporting of income.

GAO studies indicate that few efforts have been directed at continuing to reach out to the needy families.

The General Accounting Office has undertaken several other studies which evaluate Federal family planning programs. We will see whether it has been possible, as a result of these extensive studies, to identify weaknesses in the family planning program before transferring them to States.

The Department of Health and Human Services is responsible for the administration of title X. And officials from that agency will be able to help the subcommittee understand the evolution of the program.

The Office of Population Affairs has the authority to coordinate and administer all Federal family planning programs and to produce a 5-year plan for extending and improving family planning services.

Today we shall be asking the Department's representatives to outline the experience and insights that have been gained through administration of the title X program.

Perhaps, however, the greatest source of information available to the committee can come in the form of testimony from recipients of title X grants. Some of those appearing today have worked in the day-to-day administration of a local title X program. Others have been associated with the title X program as State officials, one with the practicing physician's perspective.

Some have been able to watch title X programs develop from the point of view of family planning organizations not receiving title X funds.

In closing, I will say that I am not opposed to family planning when we are planning families. However, it appears curious and anomalous that we are including unemancipated minors in this program who can hardly, being unmarried, be in the business of planning families.

Furthermore, the current program's bias toward clinics has ignored the role of the male, has undermined the responsibility of the family in this area in the name of privacy, and has neglected those adult women who were the reason this program was begun.

I will refrain from mentioning conclusions at this point that I believe are not already justifiable by evidence, and I will refrain from any personal evaluations of the propriety or efficacy of this program.

I believe, at later hearings, I will have matured my understanding of the effect and nature of these programs and might, at that point, risk some of my own personal conclusions about what the overall evidence has proved to us.

In the months ahead I look forward to a continuing dialog on many of the issues which will be discussed today. I am very appreciative of the presence of Senator Metzenbaum. At our last hearing, some of you may recall, he objected to the imbalance among the witnesses which were chosen. We have tried to take care of that today.

I would like to remind everyone that 70 percent of the time spent in testimony at the last hearing was spent by those who were not of the so-called pro family bias, although the numbers did exceed those who were.

I will call upon, or invite, my distinguished colleague, Senator Metzenbaum, to make any statement he cares to at this point.

OPENING STATEMENT OF SENATOR METZENBAUM

Senator **METZENBAUM**. I thank the chairman, and I thank him for scheduling this hearing. Mr. Chairman, I want to take issue with your implicit statement that those Americans of a certain political ideology are not pro-family. I think I consider myself much pro family as anyone and my four children would attest to that.

The concerns surrounding family life today in America are not the domain of any one philosophy. I would guess that every person in this room, whether they are for or against Federal support of family planning services believes very strongly in family life. I say to at least set the parameters of my own concerns, and indicate my own posture on the subject.

Senator **DENTON**. The chair knows that, sir. And I did not mean to imply that you were not pro family. I was using terminology which is often used by those who are on opposite sides with respect to this issue. And the pro family people are called that by others and I recognize that people in this room, and you yourself, by virtue, have proven family life are pro family.

Senator **METZENBAUM**. Thank you, sir.

I think it is fair to say that the title X family planning services program, which is the topic of our hearing today, meets the Reagan administration's most stringent criteria for evaluating Federal programs. By any measure, title X is cost effective. It returns the Nation benefits far in excess of its cost, and it is a program for which there is enormous demand on the part of the American people.

Since title X began, we have seen remarkable achievement in the area of reproductive health. The annual number of patients enrolled in title X programs has quintupled from 863,000 to 4½ million.

And every Federal dollar invested in the family planning program saves at least $2 in health care services for pregnant women and children, nutrition programs and welfare payments.

In 1980 those savings came to $570 million.

Now, in spite of these dramatic accomplishments, however, there are stark indicators all around us of how much still needs to be done. In 1978 over 40 percent of the 13 million women in need of subsidized family planning services did not receive care; 40 percent means nearly 6 million women. And that is not a statistic, that is a reality of life for those 6 million women.

The facts and figures of the national family planning program are impressive. But what we can never truly know from reports and testimony is the value of the program in human terms.

And I believe that too often here in Washington we get ourselves so preoccupied with the budgetary considerations and reconciliation, and all of the other buzz words that we use, that the whole question of the human aspect gets lost in the shuffle.

And I believe that the human equation is probably the most compelling of all the arguments in favor of continuing the national effort to help all Americans voluntarily have an opportunity to plan their own family.

And I see nothing wrong with people having the right to decide what kind of family they want, or size of their family, how many in it, and be able to have some say upon the future of their descendants of whether they want descendants or not.

As you know, Mr. Chairman, I want to see title X continued as a targeted, categorical program. And we are faced with a nationwide program that, to my mind, deserves a concerted and coordinated nationwide solution.

The witnesses who will testify before us today bring experiences from the policy as well as from programmatic levels. I look forward to hearing them discuss their experience in the family planning program, and their recommendations for the future for promoting the health and well-being of all American women and their families.

Now, with respect to the question of balance in this, Mr. Chairman, I commend you because I know that it is, indeed, your effort to provide a sense of balance to these committee hearings.

But I should point out to you that the first hearing—I did raise some question about whether or not there was that element of balance. This I would gather to be a hearing in the main, at least to give those who may have a different point of view, a different perspective.

And it bothers me some, and I want to share it with you, that the only practicing physician who will testify is not, indeed, a spokesperson for the American Medical Association, which was invited and declined to testify, nor, actually, is the person a physician who provides family planning services—for example, an obstetrician or a gynecologist—but, rather, the witness today is an ophthalmologist representing a group that I am totally unfamiliar with, but I understand it has a political perspective a little bit closer to some of the organizations that would like to have me become part of an extinct species around here.

And he is an ophthalmologist. And he was a former congressional candidate of the American Party, which is George Wallace's party. And I am not certain that he provides that perspective.

But, in spite of that, we will be looking forward to hearing from him, as well as some of the other witnesses who will be with us today.

Senator DENTON. Thank you, Senator Metzenbaum.

We will now receive for the record the prepared statements of Senator Hatch, chairman of the full committee, and Senator Humphrey.

[The prepared statements of Senator Hatch and Senator Humphrey follow:]

PREPARED STATEMENT OF SENATOR HATCH

Senator HATCH. Mr. Chairman, I am pleased to be with you this morning as you continue your oversight and inquiry into the family planning programs we have developed during the past decade. There is a topic of particular concern to me, and to Utah, my home State, which I would like to bring to the attention of the subcommittee this morning.

Historically, Utah has had a very deep concern with the importance of parents being responsible for the upbringing and care of their children. This concern goes beyond the responsibility which parents have for providing for the physical necessities of children. We have also long felt that parents are primarily responsible for the social and moral development of their children. Parents should be as fully involved as possible in the training and guidance of their family members. In this way communication between parent and child is encouraged, the family is strengthened, and society benefits.

As a reflection of the need for this close tie between family members on issues of moral concern this spring the Utah State Legislature passed, and the Governor signed into law a bill (Utah Senate bill 3) requiring that parents give consent when contraceptive or abortion services are provided to unmarried minors with public funds. Mr. Chairman, the idea of parental notification and consent is familiar to you, and is included in the adolescent family life bill which we have introduced in this session of Congress. So I know I do not need to convince you of its merits.

However, for the record, I would like to take a moment to note that it is not just commonsense, but recent scientific findings that lend weight to the idea that parent-child involvement should be maximized on these sensitive personal issues. In an article appearing in the current issue (May 1981) of the Journal of Marriage and the Family, two nationally known scholars in this field, Dr. Farida Shah and Dr. Melvin Zelnik report that teenage women with views on premarital sex resembling those of parents have low levels of premarital sexual experience. They also note that teens who have views similar to parents are more likely to use contraceptives effectively, if they are sexually active. By contrast adolescent women who have views on premarital sex more similar to their peers have high levels of premarital sexual experience, and are not as likely to use contraceptives effectively. I would like to submit a copy of this entire article for the record if there is no objection.

Mr. Chairman these finds reinforce the wisdom of encouraging close communication between parent and teen, which the Utah Legislature has tried to foster with their recent action.

Now, Mr. Chairman, something has recently been brought to my attention with regard to the Utah parental consent law which concerns me greatly. I would like to submit for the record a copy of a letter from a Mr. C. Salazar, who is regional director of medicaid for the Department of Health and Human Services. In this letter, Mr. Salazar states his knowledge of the recent Utah statute, and then he asks the State department of health to develop a plan to "eliminate" this restriction to family planning services.

In other words, we have a mid-level HHS official asking the State of Utah to disobey its own law. Mr. Chairman, I have communicated with the Department of Health and Human Services to determine if this is in fact the policy of the Department, and I am awaiting their response. I seriously doubt that Mr. Salazar was taking a course of action that would be endorsed by the administration. Nevertheless, Mr. Chairman, this incident gives us some idea of the problems we face as we try to come to grips with family planning, and with trying to encouraging parents to be involved with their children. It is certainly a topic that needs careful congressional scrutiny, and I congratulate you and your subcommittee for taking the time and interest to shed some thoughful light in these important issues.

Thank you Mr. Chairman.

PREPARED STATEMENT OF SENATOR HUMPHREY

Senator **HUMPHREY**. Mr. Chairman, I regret that my commitments to other committees preclude me from attending today's hearing on title X programs. The future course of title X programing remains of great interest to me and I look forward to reviewing the testimony received today.

Senator **DENTON**. As our first witness, it is a pleasure to welcome Dr. Edward Brandt, Assistant Secretary of Health of the Department of Health and Human Services. Dr. Brandt will present the Department's views on the title X program, and is accompanied by Dr. Edward Martin, whose long experience in the administration of the title X program will be valuable to the proceedings today.

Welcome, gentlemen. Would you care to make an opening statement, sir?

STATEMENT OF DR. EDWARD N. BRANDT, JR., M.D., ASSISTANT SECRETARY OF HEALTH, ACCOMPANIED BY EDWARD MARTIN

Dr. **BRANDT**. Thank you very much, Mr. Chairman, for this opportunity.

Before describing the family planning program funded under title X of the Public Health Service Act, let me speak briefly about the sensitivity which surrounds any program dealing with any aspect of human sexuality and the problems that this sensitivity inevitably poses for those who manage them. Personal, family, and community expectations about sexual moneys and the availability of services dealing with reproductive health vary widely and are deeply felt.

The Congress and successive administrations have attempted to craft a national voluntary program to assure the availability of family planning services to all who request, and would otherwise be unable to obtain, them.

A program which is national in scope and relatively uniform in application may encounter problems in areas of the country where some program policies and operating practices are at variance with family or community expectations.

This is one of the reasons that this administration has recommended to the Congress that family planning and adolescent health services, as well as other health services, be funded through block grants to the States.

In this way, the program can be better fitted to local preferences. We do not anticipate that this shift will eliminate all controversy about this program. But we do believe that issues surrounding the program can be most appropriately resolved at the State and local level.

In recommending the shift to block grant funding, however, we in no way wish to indicate a diminished commitment to assuring access to family planning services in all parts of the country.

I believe strongly in the necessity for these types of programs, and consider the expenditure of public funds for them to be appropriate since family planning is an important medical service.

I would like now to describe for you the family planning program that now exists under title X of the Public Health Service Act. It consists of four parts: family planning services, training, information and education materials development, and research.

The basic program for the delivery of services is authorized by section 1001. It is a program of project grants to public and nonprofit private entities to establish and operate voluntary family planning projects.

It springs from the view of the Congress, as set forth in the Family Planning and Population Research Act of 1970, that there was a need for a national program to assist in making family planning services readily available to all persons desiring such services.

Since its establishment, Congress has further required that natural family planning methods, infertility services, and services for adolescents be offered.

For the current fiscal year, $155 million is available for services. The program is expected to serve 3.8 million persons. There are 222 grants supporting services at over 5,000 clinic sites.

In 37 States the State health department is already a grantee, and in 21 of these States, it is the sole recipient of funds.

Projects provide the comprehensive range of services required by the law and include counseling to assist women in determining which method of family planning, if any, they wish to choose.

Services include a physical examination, including screening for cancer, anemia, venereal disease, and high blood pressure. For many women, these clinics have represented their first contact with a formal source of medical care.

In the program, priority must be given to furnishing services to persons from low-income families. Charges may not be made to persons from such families, except to the extent that the charges will be paid by a third-party payer.

The term low income must be defined by the Secretary of HHS so that economic status is not a deterrent to participation. In 1980 over 2.8 million women with incomes below 150 percent of the Federal poverty income standard, as defined by the Community Services Administration, received services through the program. This group represents over 70 percent of the total users.

Since the inception of the program, there has been a prohibition against using funds under title X for abortion. This requirement has been vigorously monitored. Grantees must not offer abortion as part of a title X program. If a grantee organization provides abortion services outside its title X program, these services must be clearly and distinctly separate from the title X program.

Acceptance of family planning services or information is completely voluntary and may not be made a condition or prerequisite for receipt of any other service or assistance.

Information and education materials used in the project must, under the law, be suitable for the population or community, taking into account the educational and cultural background of the people and the standards of the population or community. A local advisory committee must review and approve any such material.

Moving on to other portions of the title X program, a training program for clinical personnel under section 1003 is now funding 15 continuing professional education projects with an appropriation of $3.5 million.

There is also a small program to fund the development of information and education materials. This program, under section 1005, is funded at $700,000 for the current year. Congress has required that materials developed under this authority be suitable for the populations they are intended for.

There is also a research program. It consists of a service delivery improvement research program funded at $2.8 million for fiscal year 1981, and a biomedical and population research program administered by the National Institute of Child Health and Human Development. It is funded at $77.3 million.

The Institute's research includes components in reproductive sciences, contraceptive development and evaluation, and the social factors important in the growth, distribution and characteristics of our population.

The contraceptive development program explores improved methods of fertility regulation through clinical trials and laboratory study. It seeks methods for both men and women which are safe, effective, reversible, and acceptable to the various population groups.

If title X is repealed, as we proposed in our block grant legislation, the population research program will continue under other authority.

This concludes my review of the title X program. As I indicated at the beginning, reproductive health services, including family planning, are essential if we are to assure the health and well-being of women in their child-bearing years, and the successful completion of pregnancy.

Family planning, prenatal care, and other related health and social services are essential contributors to good pregnancy outcome. We estimate that there are approximately 7.4 million women in families with income below 150 percent of the Federal poverty standard who may not have access to private medical care. An additional 3 million teenagers with incomes above that level are also in need of reproductive health services.

Beyond the provision of contraceptive services, a family planning program can be an important element of general health care as it provides related preventive health services and is an entry point to the health care system.

This concludes my prepared statement, Mr. Chairman. We will be pleased to answer questions.

Senator DENTON. Thank you very much, Dr. Brandt.

I noticed in reading your opening statement that you did have a parenthesis around the 30 percent of the family planning subjects being adolescents, but did not say that verbally, and I did not hear anything from Senator Metzenbaum in the way of addressing the applicability of family planning as a title for this Government activity to unmarried adolescents.

And I just make that observation.

First question, the administration's proposal to fund family planning services in adolescent health services through block grants has been criticized for failing to take into account the differences in State attitudes toward Government sponsored birth control programs.

Does the administration foresee any problems with States having more discretion in terms of funding decisions for this particular program?

Dr. **Brandt**. The basis, of course, behind the entire block grant proposal is that we feel that decisions about health services, both preventive, treatment-oriented, and others, should, or can best, be made at the State and local level; that, in fact, the people in the State health departments, the local physicians, the local population are, in fact, in better positions to develop these programs.

We believe that is particularly true about family planning where, in fact, the program can be made sensitive to community standards, community beliefs and, therefore, provide better health services.

Furthermore, at the present time, this is a particularly good example because in 37 of the 50 States the State health department is already a grantee, and in 21 States is the sole grantee.

So, the State health department already runs the entire program, in 40 percent of the States. And in nearly two-thirds of the States, the health department is either a significant provider of services or the sole provider.

Senator **Denton**. I will just take 10 minutes' worth of questions and answers before yielding to my distinguished colleague from Ohio.

If title X is folded into the preventive health block grant, can you tell me what the new administrative framework for family planning programs would be in the Department? For example, do you intend to retain the position of Assistant Secretary for Population Affairs, and will one office in the Department be given oversight authority over all three of the block grants that contain funds formerly used for family planning?

Dr. **Brandt**. We will, in fact, have an office which will administer the block grant programs, all of the block grants. We will bring into that administrative structure the expertise that is located in the various agencies of the Public Health Service. The Deputy Assistant Secretary for Population Affairs will be retained since it is a statutory office.

Senator **Denton**. What technical or administrative assistance might the State expect from the Department with regard to the continued support of their family planning programs?

Dr. **Brandt**. We will provide technical assistance in a variety of ways. For example, the States may purchase personnel services from us or others. All of our six agencies will provide technical assistance and make it available to the States, either through the regional structure or through direct requests from the State governments.

Senator **Denton**. Other than financial audits, will the Department have any authority to review the impact of block grants on family planning services?

Dr. **Brandt**. We will have no authority to do that, other than through financial audits. However, again, as a part of our proposal, the States will be required to develop a plan for administration of the blocks, including the distribution of money, for review by the public. And that review will be part of their total planning effort.

The Federal Government, however, will not be involved in making the decisions for the State.

Senator **Denton**. I have two more questions, but I will defer now to Senator Metzenbaum.

Senator **Metzenbaum**. Dr. Brandt, if a State decides it does not want to provide any family planning services, could the State do so even though they received preventive health block grant funds?

Dr. **Brandt**. Yes, sir.

Senator **Metzenbaum**. Are you concerned that a number of States will, indeed, do just that?

Dr. **Brandt**. No, sir.

Senator **Metzenbaum**. In view of the fact that the block grant program will provide 75 percent of the total funds now spent, and in further view of the fact that it has been publically stated by the Republican mayor of the city of Cleveland that the State skims off 34 percent of the block grant money in Ohio which would thereby leave only 50 percent in Ohio, are you not concerned that the family planning money may be one of those programs that falls by the wayside because it does not have enough advocates, and the opposition may be more vocal?

Dr. **Brandt**. I am not familiar precisely with what the mayor of Cleveland has said, nor am I familiar with the way in which the State health department in Ohio operates. However, I recently did have a meeting with the State health commissioner from the State of Ohio, and I would say that, although we did not discuss family planning, that man is committed to providing the health care that the citizens of Ohio need, and I personally would not anticipate that the problem that you are describing will occur.

Senator **Metzenbaum**. Dr. Brandt, 3 months ago the full committee held a hearing where assertions were made that the increase in Federal money spent in family planning was associated with a similar increase in teenage pregnancies.

Witnesses at the hearing testified then that the more Federal money that is spent in family planning causes an equal amount of increased adolescent pregnancy. Do you agree with those conclusions?

Dr. **Brandt**. I think that the two statements are unrelated.

Senator **Metzenbaum**. Well, just for the record, I should point out that we had some study made and we found that title X funds and teenage pregnancy, according to the spokespersons at the earlier hearing were correlated at 0.97.

We also did some checking and found that the correlation between personal income and teenage pregnancy during that period was 0.98. The correlation between postage revenues and teenage pregnancy was 0.98. As a matter of fact, it comes pretty close to the correlation between the price of tea and teenage pregnancy which was 0.91.

So I am not at all certain that picking figures out of the air really proves much of anything including the price of tea as well as postage revenue aspects.

Eleven years ago the Congress of the United States and President Richard Nixon thought it was in the best interest of this country for the Federal Government to provide family planning services for women in need.

Why do you think the Federal Government needed to assume that role a decade ago?

Dr. **BRANDT**. Well, I can only speculate that, in some way, the Congress and that administration must have felt that services were not available in adequate supply. But that, again, was 10 or 12 years ago, sir.

Senator **METZENBAUM**. Dr. Brandt, as a physician do you support the concept of requiring parental consent to treat adolescents for pregnancy prevention or venereal disease?

Dr. **BRANDT**. I support the concept of following the State law with respect to medical care for adolescents. Some 40 States, as I understand it, do require that, and I would say that in any State in which that is a requirement that that should be followed.

Senator **METZENBAUM**. But absent a State law, and I certainly understand that you are a law abiding citizen, but absent a State law, as a general policy, do you think that an adolescent should be required to have parental consent for a pregnancy prevention or for venereal disease prevention or treatment of venereal disease?

Dr. **BRANDT**. It is my personal opinion that they should.

Senator **METZENBAUM**. That they should have parental consent?

Dr. **BRANDT**. Yes, for any kind of medical treatment. It depends, I guess, on whom you are referring to as an adolescent. I am referring to somebody who is, in fact, still living at home and who is, in fact, less than legal age, unmarried, et cetera.

Senator **METZENBAUM**. Let us assume the situation where a child has contracted venereal disease, perhaps having engaged in activity that the child should not have been involved in. The parent has very strong anger, frustration of what has occurred.

Under those circumstances should that child be precluded from obtaining adequate medical treatment?

Dr. **BRANDT**. Well, I am not sure that the two go hand-in-hand, sir.

Senator **METZENBAUM**. Pardon?

Dr. **BRANDT**. I do not think the two necessarily go hand-in-hand.

Senator **METZENBAUM**. Explain that.

Dr. **BRANDT**. Well, I mean by that that I do not think that requiring parental consent denies medical treatment.

Senator **METZENBAUM**. Well, I thought you said you did, because I had asked you the question, do you support the concept of requiring parental consent——

Dr. **BRANDT**. I do; that is correct.

Senator **METZENBAUM** [continuing]. To treat adolescents for pregnancy prevention or for the treatment of venereal disease.

Dr. **BRANDT**. But you are suggesting that a teenager will not get parental consent.

Senator **METZENBAUM**. That is correct.

Dr. **BRANDT**. I am suggesting that I do not think that is correct.

Senator **METZENBAUM**. Well, I understand that. But now we both have to be realists enough to know that some parents would not consent. And my question assumes the fact that the parent would not consent.

My question, then, is: Should that child be required to have a lifetime of being impacted by the venereal disease possibly become sterile and possibly suffer many other physical consequences?

Dr. **BRANDT**. There are provisions, in my view, for any circumstances that would, in any way, become life-threatening. We deal with that subject in a great many diseases that are unrelated to this.

Senator **METZENBAUM**. I'm not suggesting that it is life threatening. I am suggesting that it just can ruin the life of that person.

Dr. **BRANDT**. Venereal disease, in many instances, is life-threatening.

Senator **METZENBAUM**. But I am suggesting that that may not be known at the moment. And are you suggesting, as a doctor, that that child should be precluded from being able to obtain treatment for the venereal disease?

Dr. **BRANDT**. I am suggesting that I think that minors who are under the care of their parents for medical care should have parental involvement and permission, yes.

Senator **METZENBAUM**. I am disappointed.

Do you feel that removing access to information and services will actually solve the problem of unwanted adolescent pregnancies?

Dr. **BRANDT**. I am sorry.

Senator **METZENBAUM**. Do you feel that removing access to information and services, by requiring parental consent, will solve the problem of unwanted adolescent pregnancies? Do you feel that without getting the parental consent that somehow that is going to eliminate the adolescent pregnancies?

Dr. **BRANDT**. The family planning clinics that are currently in operation and that would have to continue in operation under title X would still observe the State law, and most States still require parental permission.

Therefore, I think we will, in fact, adhere to the laws in those States and require, in those instances where it is required, to get parental permission. I think that the answers to the teenage pregnancy situation are education and the provision of services.

Senator **METZENBAUM**. I have no further questions.

Thank you, Mr. Chairman.

Senator **DENTON**. Thank you, sir.

I have two more for you, Dr. Brandt, and then I will ask some of Dr. Martin.

Will the Department continue to monitor the content or effectiveness of family planning programs? How would you assure compliance with the existing title I abortion restrictions that have been included as part of the preventive health services block grant?

Dr. **BRANDT**. Under the appropriation act provision banning the use of Federal funds for abortion except in life-threatening situations, that would be one of the conditions carried out and used in the audit evaluation.

Senator **Denton**. Is the administration concerned with the extent to which States might not use funds for the support of nontraditional family planning programs such as natural family planning?

Dr. **Brandt**. Since we are, in fact, involving the State health departments and since they are, in fact, the predominant supplier of family planning programs, we think they will continue to offer the full range of family planning options in their counseling to women, including natural family planning.

Senator **Denton**. I am going to ask this question because it is in reaction to an answer I believe you gave. You said you felt the solution to the adolescent pregnancy problem was education and the provision of services. Was that the general idea?

Dr. **Brandt**. Yes, sir.

Senator **Denton**. Would you object to the family's participation in the education or to the voluntary participation of those who might affect the adolescent's "yes" or "no" as to sexual activity in terms of morality? In other words, the child's pastor or rabbi if that were part of the program.

Dr. **Brandt**. I would personally much prefer that the child's parents be responsible for that.

Senator **Denton**. Thank you, sir.

Dr. Martin, title X has become the Government's primary means of providing contraceptives to teenagers. Many believe that family planning programs which rely on contraceptions have been successful among teens because the birth rate has dropped.

However, despite the increased access to and the use of some form of contraception among teens, the fertility rate is basically the same and abortion has, in fact, made the difference. In the last 10 years, the abortion rate has doubled.

What impact has title X had on these trends?

Dr. **Martin**. I think there have been a number of studies which have demonstrated that given the very significant or substantial increase in teenage sexual activity or acts of sexual intercourse between teenagers, particularly younger teenagers over that same decade, that the combination of two major factors—and that would be both abortions and contraception—has led to a decrease in the birth rate.

I think the crucial point, though, is that the effectiveness of a contraception program has to be measured against those people at risk, and if you treble the number of teenagers who are sexually active at age 14 and the fertility rate only goes up by 15 to 20 percent, I would say that is a striking success.

I think the key point of the question, and should therefore be the key point of the answer, is that the problem has to do with adolescent sexuality and sexual behavior. There is a great deal of debate about alternative solutions when, I think, there needs also to be some focus programmatically on what the problems are. The problems are a lot broader than simply contraception or social mores.

Senator **Denton**. Of the 33 percent, roughly, of title X recipients who are teenagers how many are classified as low income recipients by virtue of their parents' income or by virtue of their own income? Can you give me any statistics on that?

Dr. **Martin**. For the program at large, about three-quarters of the individuals we see have incomes of less than 150 percent of the poverty level. A total of 85 percent have incomes of less than two times the poverty level.

We do not collect that information specifically on teenagers, but I think there are some substudies that we might make available to the committee for the record.

Senator DENTON. I would consider that substantive information, and as I understand it, the standard is the income of the teenager rather than the parent.

Dr. MARTIN. I think one of the GAO observations was that there is great diversity in the application of that standard for teenagers and that, indeed, some clinics were clearly utilizing the effective income of the teenager for the purpose of making that determination, and other clinics, particularly those carried out by States, were using family income.

I think crucial or central to that was the explicit congressional instruction in 1978 that said we were explicitly not to allow parental income to affect the access for adolescents. In fact, that was a major part of the 1978 congressional debate and the mandate and charge given to the Department in 1978.

Senator DENTON. Over the years, the GAO has taken note of the high teen dropout rate, approximately 50 percent among clinic users. They have identified several elements in the clinic system that account for this high rate.

Some feel that GAO has overestimated or that these dropout rates are inevitable or that new HHS rules can correct this problem. What measures would you recommend to the States that could remedy this situation if it continues in clinics once they are funded under the block grants?

Mr. MARTIN. We agree with the GAO observations and the findings that show high dropout rates. For a decade, the program has been concerned with and watched dropout rates or nonreturn rates.

I think, though, that we have been responsive to their recommendations. Nonreturn rates are affected by a series of factors. The first is that the individual got the desired service and saw no reason to return. This case would be counted as a success and not a dropout.

The second is that the individual, having gotten counseling, was effectively referred to a private provider. I would consider this course to be optimal, particularly for adolescents.

The third is that, upon receiving certain kinds of services, the individual had no need for more of those services and so did not return for a protracted period of time.

Given that complexity and given the character of what I think this system of organized family planning should be, many people in public health do not feel that it should be a continuing care system. I personally agree with that.

The point of fact, for example, for teenagers is that well over half of all teenagers who show up at the clinic for the first time have been sexually active for over 6 months and are seeking a pregnancy test, not contraception. They are trying to make a determination and to get counsel. "Now, I have been sexually active for 6 months or a year" they say. "Could you tell me if I am pregnant?"

My professional preference, would be to make that determination and get that adolescent under continuing care with a private or long-term provider. I would not classify such an individual as a dropout.

I think that State public health agencies are quite sensitive to those kind of concerns and are going to be capable of dealing with them. I do not see it as a failure of the program by any means, and I do not think the data shows that.

Senator **Denton**. I defer to you, Senator Metzenbaum.

Senator **Metzenbaum**. Dr. Brandt, I am a little confused and I want to be certain as to the facts. You had indicated that 40 States require parental consent with reference to the use of making available contraceptives.

Dr. **Brandt**. I did not think that that is what I said.

Senator **Metzenbaum**. That is what I want to get clarified.

Dr. **Brandt**. I spoke with respect to medical treatment of adolescents under the definition that I gave. I think a number of States specifically exempt contraceptive advice. But I thought we were talking about treatment of venereal disease.

I will be happy to look it up and send you the exact information.

Senator **Metzenbaum**. I am informed, but I do not know, that the information is accurate, that no State requires parental consent for making available contraceptives.

Dr. **Brandt**. That could be accurate. I do not know that. I would have to look it up.

Senator **Metzenbaum**. I am also informed that 30 States require confidentiality for contraception and venereal disease treatment. Now, if that is the case, then if the treatment for venereal disease would be medical treatment, since we only have 50 States, 30 and 40 gets up a little higher than that.

Dr. **Brandt**. Yes, sir.

Senator **Metzenbaum**. And I think it would be helpful, Mr. Chairman, if the Department would be good enough to make available for the record and perhaps with copies directly to you and me and such other members of the committee as might want it, the actual facts as to when parental consent is required and when confidentiality is required under various State laws, because it appears that there is some confusion.

Dr. **Brandt**. You wish that with respect to the provision of contraceptive advice and care as well as the treatment of venereal disease?

Senator **Metzenbaum**. Yes.

Dr. **Brandt**. Or in general for medical treatment.

Senator **Metzenbaum**. I think we ought to separate the two, because the contraception is, obviously, not necessarily medical treatment. It does not have to be that. But I think we ought to have the facts in the record. I think that would be the best. And I appreciate it.

Dr. **Brandt**. We will obtain that for you.

Senator **Metzenbaum**. And copy my office, the chairman's office, if you would, please.

Senator **Denton**. Senator Metzenbaum, sir, I think you are trying to draw the distinction between parental consent for treatment of venereal disease and provision of contraception?

Senator **Metzenbaum**. Yes.

Senator **Denton**. I have agreed with you in private that we have already modified our adolescent pregnancy bill to provide that, in the case of pregnancy testing, that the parents consent need not be obtained.

I would find it difficult to believe that a sane parent would not wish his or her child to be treated for venereal disease, but if you object to that being in there, parental consent, perhaps we could accommodate that, and I thank you for noting that.

Senator **Metzenbaum**. I appreciate the chairman's point of view.

Senator **Denton**. Senator Hatch, the chairman of the overall committee, did have a statement here which deals with this subject of parental consent and State laws. So perhaps, although I have not yet read it, I should read the statement for what contributory value it has to this issue.

He begins directly on that subject.

> Mr. Chairman, I am pleased to be with you this morning, unfortunately he is not, as you continue your oversight and inquiry into the family planning programs we have developed during the past decade. There is a top of particular concern to me, and to Utah, my home state, which I would like to bring to the attention of the subcommittee this morning.
>
> Historically Utah has had a very deep concern with the importance of parents being responsible for the upbringing and care of their children. This concern goes beyond the responsibility which parents have for providing for the physical necessities of children. We have also long felt that parents are primarily responsible for the social and moral development of their children. Parents should be as fully informed as possible in the training and guidance of their family members. In this way, communication between parent and child is encouraged, the family is strengthened and society benefits.
>
> As a reflection of the need for this close tie between family members on issues of moral concern, this spring the Utah state legislature passed and the governor signed into law a bill requiring that parents give consent when contraceptive or abortion services are provided to unmarried minors with public funds. Mr. Chairman, the idea of parental notification and consent is familiar to you and is included in the adolescent family life bill which we have introduced in this session of Congress. So I know I do not need to convince you of its merits.
>
> However, for the record, I would like to take a moment to note that it is not just common sense but recent scientific findings that lend weight to the idea that parent-child involvment should be maximized on these sensitive personal issues. In an article appearing in the current issue of the "Journal of Marriage and the Family, two nationally known scholars in this field report that teenage women with views on premarital sex resembling those of parents have low levels of premarital sexual experience. They also note that teens who have views similar to parents are more likely to use contraceptives effectively if they are sexually active. By contrast, adolescent women who have views on premarital sex more similar to their peers have high levels of premarital sexual experience and are not as likely to use contraceptives effectively. I would like to submit a copy of this entire article for the record if there is no objection.

And he goes on about the findings reinforcing the wisdom and encouraging close communication between parent and teen.

I would like to offer the personal acknowledgement that, although I share Senator Hatch's view that parental involvement in these matters is not only necessary but I believe the right of the parent and the need of the child. I do personally, having been involved in this subject for about 8 years now, recognize that there is a millenial problem with respect to communication between parent and child on the subject of sex. There is, indeed, a need, particularly today, for providing sex education. I believe that we have no disagreement across the conservative-liberal line, if that is what is involved here, on the need for sex education.

It is the manner. It is the participants. It is the import of the message which is, I believe, of vital relevance, not only to the propriety of the way the Federal Government or any level of government intervenes but also to the national well-being and to the happiness of that child or adolescent as he or she grows up to be a perspective married parent and so on.

I am not here with the motive of suppressing peoples' sexual activity. I am here recognizing that we are a bundle of hungers with food being one, sex being another. But we also have a hunger to be innocent, to be responsible, to be happy, and to find that happiness by virtue of our species as opposed to the animals whose hunger consists principally of that for food and sex. We have a hunger to be responsible parents, to receive joy from raising children responsibly and to have the great joy of watching them get married and form happy families.

And I join with Senator Metzenbaum and as he says, with every member of this room, in wishing that the departure point for discussion of sex education, indeed of the family life or the family planning aspect of Government participation, the departure point for that would be the happiness of individuals, the integrity of families and the bearing on those two points which any particular policies which we institute might have.

If we agree on that, we are unanimous on a very important principle, in my opinion, sir.

Senator METZENBAUM. I appreciate what the chairman is saying and feel he is indicating a concern that many of us have, and I feel that we had better be careful or he and I are going to make all the statements and not get a chance to hear the witnesses. So I am not going to respond. I think we might move on.

I appreciate Dr. Brandt and Dr. Martin being with us this morning.

Senator DENTON. Yes, sir, I am the chairman and I did make a remark, and I have no apologies for it.

Senator METZENBAUM. I did not mean to be censuring at all. I did not mean that at all, Mr. Chairman. And I appreciate what you are saying and the sincerity of your remarks. I was not at all attempting to be critical.

Senator DENTON. Thank you very much.

Senator METZENBAUM. And if I did, I apologize because that was not my intent.

Senator DENTON. Thank you, sir.

Dr. Martin, how many of those receiving services under title X actually receive public assistance?

Dr. MARTIN. I think there have been a series of studies that shows that approximately—I think GAO has come up with an estimate which is approximately 13 percent or some 500 and some thousand, according to a GAS estimate. We can provide the specific numbers for the record.

We need to understand that most women receiving AFDC are in fairly organized systems of medical care support for a full payment of preventive and medical services and would appropriately and logically be receiving that service from the private sector—clinics, hospitals and the like.

Senator **Denton**. How many low-income women are still considered to be in need of family planning services?

Dr. **Martin**. Using the historical 150 percent of poverty standard, which is, of course, now being debated, about 8.2 million women are at or below 150 percent of poverty and are without apparent access to family planning services.

Senator **Denton**. The law designates certain high-risk groups. I will not extend on the definition, but I think you know what I mean, Dr. Martin. It seems that there has been a focus on serving adolescents under title X and in the sense implied by the law, they do not fall in that high-risk group.

But there have been few corresponding attempts to focus on the unmet needs of the so-called high-risk groups. Could you tell me whether or not there have been any major efforts in that area recently and, if not, why not?

Dr. **Martin**. Well, I think there is a legitimate difference of opinion about the definition of high risk. High risk has been defined by economic or financial terms. It has been defined, I think equally validly, by epidemiological medical terms in regards to people who are at the greatest personal risk for themselves and their future at having a pregnancy—for example, women over the age of 40. It has also been defined in terms of access to services.

I think it is fair to state, given those varied, and I think all legitimate, definitions of high risk, particularly for adolescents and for particular age and income categories, that the program, over the decade has responded explicitly and emphatically to each of those areas, and, since 1978, to the congressionally suggested definition of high risk as being young people below the age of 18.

Senator **Denton**. The lack of efforts to collect fees from those title X users who can afford to pay has been highlighted by several General Accounting Office reports. Can you discuss the impact that such problems may have had on the title X program?

For example, do you see a difference in title XX policies as contributing to these problems?

Dr. **Martin**. I think there have been three successive series of GAO assessments of the program in that context. The 1975 assessment was particularly critical, and in point of fact, at that time, we had no basic financial or management information on any of our grantees.

And the report at that time, which was, I think, presented in 1976, was at best scathing and said that we had a positive responsibility to do something about it. Many of those management systems have been implemented.

There has been a simplification over the period 1975 to 1980 in regard to expectations for billing. The GAO presentation, which I understand will be given today, will discuss their latest findings, which basically elaborate on difference between State financing systems, eligibility, and reimbursement in our clinics.

Fairly stated, their observation that some clinics do not aggressively pursue those sources of funding is an accurate finding and needs to be acted on, I think, by States as well as by other agencies providing services.

Equally fairly stated, some States have the greatest difficulty in collecting fees. Many State health departments have preclusions in

State law for the collection of cash receipts or receipts by local health agencies—for example, your own State.

There is a limitation imposed by State law on the ability of a local health officer or practitioner to collect as a private physician would for services. Those conflicting differences are basically conflicts between titles XX, XIX, and X. Of those three, we at the Federal level presently have control only over title X, and as Dr. Brandt indicated, the States will now be in a position, with the administration's proposal, to meld those three together at the State level.

Senator **Denton**. GAO has estimated up to $12 million in waste resulting from too frequent patient visits and performance of unnecessary tests in title X clinics. Could you discuss the ways in which the States might be able to reduce this waste by utilizing any existing Federal regulations as a model?

Dr. **Martin**. Well, I agree with the GAO observation that the standards we were using for return visits was an inappropriately conservative standard. I would not consider that $12 million waste. I think that is an unfair characterization.

Very clearly, in 1975 and 1976, the American College of Obstetrics and Gynocology and then the Center for Disease Control were very concerned about the impact of contraceptive drugs and the secondary effects of those drugs on high-risk populations.

For that reason, we set a series of standards in 1976 that were very conservative and medically presumed, I think at that point in time correctly, that the use of contraceptives by these high-risk populations needed much more careful oversight.

Subsequently, we found that unnecessary. We have adapted our guidelines to reflect that, and that particular expectation has been reduced. I would not, however, agree that that was waste. I think that was conservative medical management of high-risk patients.

Senator **Denton**. I have only two more questions, and then we will thank you and go to GAO.

It is my understanding that two previous national reporting systems utilized by HHS to collect data on family planning programs were discontinued. The new HHS system for collecting data has been criticized for its inaccuracy and its inappropriateness as a source to measure program effectiveness.

What confidence can Congress take that family planning program data have accurately reflected the true nature of title X programs?

Dr. **Martin**. The GAO criticisms of the data systems, and I might add the GAO has been very critical of both, are based on reasonable assessments of the weaknesses of those systems.

It is important to point out, though, that the national family planning reporting system was a clinical data system, and basically we were collecting a single piece of paper from each and every patient encounter. That is an enormous paperwork burden for clinics, patients, and the Government.

That was the system that was discontinued and replaced by a sample system which turned out, based on provider acceptability, not to work, and in fact, was simply good money following bad.

The other system is not a clinical system. It is a management system, a financial reporting system. That part of the system we think, particularly for title X, has been weak because of compliance issues. We think we have strengthened that and we anticipate that States, in many cases, will continue that system on a strengthened basis. Like any financial system, it requires a period of time for implementation.

We do agree with the GAO findings. We do not feel that our effort in responding to them, however, has been derelect.

Senator **Denton**. Thank you, Dr. Martin. You answered our next question, too.

And thank you, Dr. Brandt. You have been very cooperative and helpful in compiling our data bank of information from which to proceed.

Senator **Denton**. We are pleased to welcome back Mr. Gregory Ahart, Director of the Human Resources Division, accompanied by Mr. Bernard Ungar, Mr. Byron Galloway, and Mr. Daniel Loesch.

I would like to acknowledge the assistance you have given me and my staff. You have helped us prepare for this and other hearings, and we greatly appreciate it. Your professional and thorough manner, in our opinion, is a credit to the office.

Mr. Ahart will summarize the GAO's experiences, investigations, and findings over the 10-year history of the title X family planning program.

Mr. Ahart.

STATEMENT OF GREGORY J. AHART, DIRECTOR, HUMAN RESOURCES DIVISION, U.S. GENERAL ACCOUNTING OFFICE, ACCOMPANIED BY BERNARD UNGER, DANIEL LOESCH, AND BYRON GALLOWAY

Mr. **Ahart**. Thank you, Mr. Chairman. I would like to request that my full statement be entered in the record, and I will try to summarize that in a little bit less time than it would take to read it in full.

We are pleased to be here today to summarize the results of our reviews of the family planning program authorized under title X of the Public Health Service Act.

We have, as you know, evaluated several aspects of the program and have issued a number of reports on our findings. Appendix I to my statement lists these reports.

Since its passage in 1970, over $1 billion has been provided for family planning service grants under title X. In fiscal year 1980, about $156 million was provided under this title to serve about 3.8 million people in over 5,000 clinics, and about $6 million was provided for training, information and education, and program implementation research.

Also in that year an estimated $219 million was provided for family planning services through other Federal programs authorized under the Social Security Act and lesser amounts were provided under certain other Federal programs.

One major purpose of title X is to make comprehensive, voluntary family planning services readily available to all persons desiring them so that they can choose their family size and space their children as they want.

Originally, the legislation gave priority to low-income persons because the consequences of unplanned or unwanted births were most prevalent among poor families. In 1978, title X was amended to specifically recognize adolescents as a target group. This was done because of growing concern over the large number of teenage pregnancies and the adverse social, economic, and health consequences associated with births to teenage mothers.

The program has increased the availability and accessibility of services to low-income persons and adolescents and has provided medical, social, and educational services to many persons.

However, the program has not reached or effectively served many individuals in the target population.

In April 1975, we reported that a number of welfare recipients which we interviewed in three major cities had desired to use family planning services but were not enrolled in a program and were not aware of clinic locations.

Our report discussed problems relating to both adequate outreach efforts and coordination between local welfare offices and family planning clinics. Client dropout was another problem discussed in our April 1975 report and again in the report that we issued just last week.

We recognize that some client turnover is to be expected as clients move, change health care providers, or choose to become pregnant or sterilized. However, we believe that, to some extent, high dropout rates could be indicative of program ineffectiveness.

Our report in January of 1980 on Federal efforts to improve pregnancy outcome discussed several other indicators of how well the family planning program is reaching its target population and how effective the program has been in preventing unwanted or unplanned pregnancies particularly for women who are at high risk for poor pregnancy outcome.

These include—because we have a definitional problem, I will state what we include here—these include those who are under 17 or over 35 years of age, of low income or unmarried or have had several previous pregnancies, a very recent pregnancy or a history of obstetrical complications.

Our report noted that many women were not being served, were served too late to prevent pregnancy, or were served ineffectively. We pointed out that large numbers of adolescents were continuing to have unwanted or unplanned pregnancies. Many births to unwed mothers were continuing to occur and a significant number of women, over 1 million annually, were continuing to have abortions to prevent births.

Contributing factors included the lack of resources in some areas, the lack of coordination among all programs funding family planning services, the lack of focus on high risk groups other than adolescents and the lack of client motivation to seek or effectively use family planning services because of attitudinal barriers or incorrect information on pregnancy.

Our report in January 1980 also discussed the wide range of public views on how to best deal with adolescent pregnancy. Considerable controversy exists over such issues as providing contraceptives to adolescents without parental consent and providing sex education in the schools.

We suggested at that time that here was a need for a clear Federal policy on the Government's role relative to these issues.

Our reviews have identified several areas in which improvements in program management could reduce costs or enhance program effectiveness and efficiency.

These include, among other things, streamlining the required level of services for oral contraceptive clients and increasing grantee revenues through more aggressive fee collections, consolidating and better coordinating the several Federal programs that fund family planning services, and improving data collection efforts and grantee monitoring.

In our April 1975 report, we noted extreme variances from $16 to $219 in the average cost per patient visit among projects in three health and human services regions. We reported that the Department had not established criteria for measuring the reasonableness of clinic costs, performed sufficient audits of family planning projects to evaluate efficiency, or established a reporting system for monitoring project costs and performance.

In that report, we also discussed the need to make more extensive efforts to collect revenues from third-party sources and from clients that had the ability to pay. In our most recent review of the title X program on which a report was issued last week, we noted that progress had been made in fee collections.

However, further improvements are needed. Varying fee practices have occurred because the department did not keep regulations current and had not emphasized fee collections.

Also State title XX fee policies have often conflicted with title X, and clinic officials and clients in some areas perceived that services are free. The department resolved some of the problems by issuing new regulations in June of 1980.

However, problems remain in the areas of inconsistent application of sliding fee scales and conflict with title XX policies.

We also reported that family planning clinics could operate more efficiently and make services more attractive to clients without compromising quality by eliminating unnecessary medical procedures. The department expects to issue new program guidelines this month, Mr. Chairman, which reduce the required level of services and give grantees greater flexibility.

Several of our reports have discussed problems resulting from or accentuated by the multiplicity of Federal programs funding family planning services and the need to consolidate and/or better coordinate these programs.

In April 1975, we reported on problems that resulted, at least in part, from having four different health and human service organizations administer different family planning programs authorized under different laws and having different Federal-State cost-sharing arrangements, eligibility requirements and degrees of direct Federal administration.

The administrative problems associated with overseeing activities of grantees receiving funding from several sources were, perhaps, best illustrated in our July 1976 report on a large Louisiana title X grantee that had received over $50 million from 10 Federal programs between 1967 and 1974.

Our report in January 1980 showed that the lack of coordination among the several Federal programs hindered the effectiveness of efforts to prevent unplanned and/or unwanted pregnancies among women who are at high risk of poor pregnancy outcome.

Our June 1981 report discusses the conflicts between fee policies in the title X and title XX programs. It also discusses the inability of the Deputy Assistant Secretary for Population Affairs to effectively carry out his statutory responsibilities which include the administering, coordinating and evaluating of the Department's family planning activities.

One of the most common deficiencies identified in our review has been the lack of adequate program monitoring which has contributed to the program's inability to fully accomplish intended objectives and insure that program funds are used appropriately and to the failure of several grantees to develop and implement fee schedules in accordance with the Department's regulations.

One of the factors inhibiting adequate program monitoring has been the lack of adequate management information systems. As was brought out in the previous testimony, this problem has been discussed in several of our reports, and I will not deal with it in detail here.

Turning over to page 15, I mention that there have been some corrective actions and there are some problems that remain. Since 1975, we have made several recommendations to the Congress, to the Office of Management and Budget, and to the Department to help resolve the problems identified.

Corrective actions have been taken on many of our recommendations. However, some have not been acted upon and some problems persist. In our July 1976 and January 1980 reports, we recommended that the Congress consolidate Federal programs funding family planning services.

We reaffirmed the need for such a consolidation in our testimony in March of this year before the full Senate Committee on Labor and Human Resources. Enactment of some form of program consolidation could alleviate the problems caused by the multiplicity of Federal programs. At the same time, it will not solve all the problems and it could possibly make it more difficult to implement other recommendations.

The Office of Management and Budget has taken action on our recommendations to strengthen administrative requirements for Federal grants to public and private institutions and to improve fiscal accountability and audits of grantees, particularly those receiving funds from several different Federal sources.

Our recommendations to the department involve several program areas. In general, the department has been responsive to our recommendations. However, in our view, it has not taken sufficient action to establish procedures for enrolling low income persons, particularly welfare recipients who desire family planning services, to insure that grantees collect fees from persons able to pay, to help resolve conflicts in fee policies between title X and title XX, to facilitate the coordination and evaluation roles of the Deputy Assistant Secretary for Population Affairs, to increase program audits of title X grantees or to guide programmatic and administrative activities of consolidated grantees.

We will be following up on these areas, Mr. Chairman, and working with the Department to try to bring about the needed improvements. That summarizes my statement, and we would be pleased to answer any questions that you may have.

[The prepared statement of Mr. Ahart follows:]

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STATEMENT OF
GREGORY J. AHART, DIRECTOR
HUMAN RESOURCES DIVISION
BEFORE THE
SUBCOMMITTEE ON AGING, FAMILY AND HUMAN SERVICES
COMMITTEE ON LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

ON

RESULTS OF GAO REVIEWS OF FAMILY PLANNING ACTIVITIES UNDER TITLE X OF THE PUBLIC HEALTH SERVICE ACT

Mr. Chairman and members of the Subcommittee, we are pleased to be here today to summarize the results of our reviews of the family planning program authorized under title X of the Public Health Service Act. Since enactment of title X in 1970, we have evaluated several aspects of the program and have issued eight reports on our findings to the Congress, congressional committees, or members of the Congress. Another report was issued to the District of Columbia's Department of Human Resources. Appendix I lists these reports.

BACKGROUND

Through the Department of Health and Human Services (HHS), the Federal Government provides funds for family planning services through several programs, the largest of which is title X. Since passage of the Family Planning Services and Population Research Act of 1970, over $1 billion has been provided for family planning service grants under title X. In fiscal year 1980, title X provided about $156 million to serve about 3.8 million people in over 5,000 clinics. It also provided about $6.1 million for training, information and education, and program implementation research.

Also in fiscal year 1980, an estimated $219 million was provided for family planning services through other Federal programs authorized under the Social Security

Act--$122 million under title XIX (Medicaid), $72 million under title XX (Social Services), and $25 million under title V (Maternal and Child Health). To a lesser extent, family planning services are provided under Federal health service programs, such as Community Health Centers and Migrant Health.

Today, we would like to summarize our major findings on the title X program. These findings relate to problems which have impeded the accomplishment of program objectives and have demonstrated the need for improvements in program management.

PROBLEMS IN ACCOMPLISHING PROGRAM OBJECTIVES

One major purpose of title X is to make comprehensive voluntary family planning services readily available to all persons desiring them so they can choose their family size and space their children as they want. The original legislation gave priority to low-income persons because the consequences of unplanned and/or unwanted births were most prevalent among poor families. These consequences included higher infant mortality and greater risk of maternal mortality and premature births.

In 1978, title X was amended to specifically recognize adolescents as a target group. Adolescents were targeted because of growing concern over the large number of teenage pregnancies and the adverse social, economic and health consequences--including higher infant mortality and prematurity rates--associated with births to teenage mothers.

The title X program has increased the availability and accessibility of family planning services to low-income persons and adolescents throughout the Nation and has provided medical, social, and educational services to many persons. Also, the program has helped to prevent unwanted and/or unplanned pregnancies by making contraceptive services available to persons desiring them. However, although we have not made a comprehensive evaluation of the effectiveness of the title X program, our work has shown that the program has not reached or effectively served many individuals in its target population.

In April 1975, we reported that a number of welfare recipients interviewed in Chicago, Philadelphia, and Dallas had desired to use family planning services but were not enrolled in a program and were not aware of clinic locations. We found that (1) projects in these cities generally had not established procedures aimed at reaching low-income persons, (2) welfare caseworkers had not complied with Social Security Act requirements to offer family planning services to appropriate welfare recipients, and (3) inadequate coordination existed between local welfare offices and family planning clinics.

Client dropout was another problem discussed in our April 1975 report, and again in our June 1981 report. In April 1975, we reported that 62 percent of the clients in our sample at three projects had not been seen by clinic personnel in 15 months. Our June 1981 report shows that client dropout continues to be a problem. We sampled clients making initial visits in 1978 to seven clinics in five States. From 25 to 48 percent of these new clients made only one visit to the clinics.

We recognize that some client turnover is to be expected as clients move, change health care providers, or choose to become pregnant or sterilized. Also, we recognize that high client dropout rates do not necessarily mean clinics are inefficient or ineffective. On the other hand, we believe that to some extent, high dropout rates could be indicative of program ineffectiveness.

Our January 1980 report on Federal efforts to improve pregnancy outcome discussed several other indicators of how well the family planning program is reaching its target population and how effective the program has been in preventing unwanted or unplanned pregnancies--particularly for women who are a high risk for poor pregnancy outcome. Such women include those who (1) are under 17 or over 35 years old, (2) are low-income or unmarried, or (3) have had several previous pregnancies, a very recent pregnancy, or a history of obstetrical complications.

Our report noted that although title X grantees had helped prevent pregnancy for many low-income and adolescent mothers, many other women were not being served, were served too late to prevent pregnancy, or were served ineffectively. We pointed out that large numbers of adolescents were continuing to have unwanted and/or unplanned pregnancies, many births to unwed mothers were continuing to occur, and a significant number of women--over one million annually--were continuing to have abortions to prevent births. Contributing factors included (1) the lack of resources in some areas, (2) the lack of coordination among all programs funding family planning services, (3) the lack of focus on high-risk groups, other than adolescents, and (4) the lack of client motivation to seek or effectively use family planning services because of attitudinal barriers or incorrect information on pregnancy.

Our January 1980 report also discussed the wide range of public views on how to best deal with adolescent pregnancy. Considerable controversy exists over such issues as providing contraceptives to adolescents without parental consent and providing sex education in the schools. We suggested there was a need for a clear Federal policy on Government's role relative to these issues.

IMPROVEMENTS NEEDED IN PROGRAM MANAGEMENT

Our reviews of the title X program have identified several areas in which improvements in program management could reduce cost or enhance program effectiveness and efficiency by

--Streamlining the required level of services for oral contraceptive clients and increasing grantee revenues through more aggressive fee collections;

--Consolidating and better coordinating the several Federal programs that fund family planning services;

--Improving data collection efforts and grantee monitoring;

--Improving weaknesses in grant and contract award and, in some cases, management procedures; and

--Assuring that funds authorized for program implementation research are appropriately used.

Streamlining services and increasing revenues

Two of our reports discussed the potential for operating title X clinics more efficiently, providing services at less cost, and improving fee collections from clients able to pay or from third party insurers.

In our April 1975 report we noted extreme variances--from $16 to $219--in the average cost per patient visit among projects in three HHS regions. We observed several factors contributing to these variances including patient volume, physician utilization, population density of the area served, and procurement practices, such as the extent to which projects maximized efforts to purchase supplies as economically as possible. We reported that HHS had not (1) established criteria for measuring the reasonableness of clinic costs, (2) performed sufficient audits of family planning projects to evaluate efficiency, or (3) established a reporting system for monitoring project costs and performance.

Our 1975 report also discussed the need to make more extensive efforts to collect revenues from third party sources, such as Medicaid and Social Services programs, and from clients able to pay. Problems we identified concerning clinics' ability to obtain reimbursements under the Medicaid or Social Services programs included (1) noncoverage of many nonmedical services under Medicaid, (2) inadequate clinic accounting and billing systems, and (3) difficulties in becoming approved as a provider or obtaining sufficient reimbursement under Medicaid. Also, most of the projects we visited had not instituted fee schedules to collect fees from clients able to pay according to HHS' requirements.

In our most recent review of the title X program, we noted that progress had been made in fee collections since 1975--particularly from the Social Services program. However, further improvements are needed because family planning clinics have lost revenue and treated clients inequitably because they have not uniformily applied sliding fee scales based on clients' ability to pay. The varying fee practices have occurred because HHS did not keep regulations current and had not emphasized fee collections. Also, State title XX fee policies have often conflicted with title X, and clinic officials and clients in some areas perceive that services are free. HHS resolved some of the problems by issuing new regulations in June 1980 which required charging clients whose incomes are above the poverty level. However, problems remain in the areas of inconsistent application of sliding fee scales and conflict with title XX policies.

In June 1981, we also reported that family planning clinics could operate more efficiently and make services more attractive to clients without compromising quality by eliminating unnecessary medical procedures. Although family planning clinics were generally providing services required by HHS, the clinics were not operating as efficiently as possible because HHS guidelines recommended or required that (1) clients using oral contraceptives visit the clinic too frequently and (2) clients be provided education and certain medical tests that did not appear necessary. In addition, some clinics were providing more services than required by HHS, such as routine venereal disease tests and semi-annual physical examinations. These procedures reduced the clinics' operational efficiency and also contributed to long waits for appointments and long office visits at some clinics. These conditions may have deterred initial or continued participation in family planning programs.

Program consolidation and coordination

Several of our reports have discussed problems resulting from or accentuated by the multiplicity of Federal programs funding family planning services and the need to consolidate and/or better coordinate these programs.

In April 1975, we reported on problems that resulted, at least in part, from having four different HHS organizations administer different family planning programs. These programs were authorized under different laws and had different (1) Federal-State cost sharing arrangements, (2) eligibility requirements, and (3) degrees of direct Federal administration. These differences had a substantial impact on a variety of activities at clinics including fee collections.

The administrative problems associated with overseeing activities of grantees receiving funding from several sources was perhaps best illustrated in our July 1976 report on a large Louisiana title X grantee that had received over $50 million from 10 Federal programs between 1967 and 1974. Our study revealed that lax administrative controls and practices allowed the grantee to circumvent limitations on the use of Federal funds and to improperly obtain Federal funds. Contributing to the problems were the diverse and inconsistent administrative requirements among programs which precluded coordinated management of Federal funds, the weak requirements for managing grants and contracts, and inadequate monitoring.

Our January 1980 report showed that the lack of coordination among the several Federal programs that fund family planning services hindered the effectiveness of efforts to prevent unplanned and/or unwanted pregnancies among women who are at high risk of poor pregnancy outcome. For example, in several States or local areas, no one was coordinating efforts by federally funded grantees to ensure that needs were adequately assessed and addressed efficiently and effectively.

Our June 1981 report discusses the conflicts between fee policies in the titles X and XX programs. It also discusses the inability of HHS' Deputy Assistant Secretary for Population Affairs to effectively carry out his responsibilities as set forth in title X. Those responsibilities include administering, coordinating, and evaluating HHS' family planning activities.

Monitoring and data collection

One of the most common deficiencies identified in our reviews has been the lack of adequate program monitoring. The lack of sufficient monitoring by HHS has contributed to the program's inability to fully accomplish intended objectives and ensure that program funds were always used appropriately, and to the failure of several grantees to develop and implement fee schedules in accordance with HHS' regulations.

One of the factors inhibiting adequate program monitoring has been the lack of adequate management information systems. In April 1975, we reported that HHS' National Reporting System for Family Planning Services was of questionable usefulness because a number of projects failed to submit reports, submit reports regularly, or submit accurate and complete data. We also reported that HHS lacked a reporting system and criteria for monitoring project cost and performance and had not adequately monitored State compliance with requirements in the Social Security Act to offer and provide family planning services to certain welfare recipients.

In our June 1981 report we show that HHS had made several changes to its national reporting system, including making it a sample system instead of requiring reports from every project. However, the system was still plagued with problems and in June 1980, HHS decided to discontinue it. The system's termination leaves program officials with little national data about clients served and contraceptive methods used.

Our June 1981 report also noted that HHS had established criteria and a reporting system (in addition to the National Reporting System for Family Planning Services) for evaluating project performance and the reasonableness of project costs. However, the new system produces data which have a number of limitations on their usefulness and lacks credibility among grantees and HHS regional officials. Several were skeptical of the data's accuracy and the appropriateness of the system's indicators for measuring efficiency of family planning clinic operations.

Our December 1977 report on activities of one grantee noted that HHS had not established guidelines for managing or an adequate system for monitoring consolidated family planning program grants. A consolidated grantee is one that receives title X funds from HHS and redistributes part of these funds to other organizations which provide family planning services. The lack of guidelines specifying the functions and responsibilities of consolidated grantees contributed to a breakdown in cooperation and coordination between the grantee and the organizations it funded. For example, the grantee provided certain services viewed as unnecessary by the organizations. This problem would probably have been identified, and corrective action possibly taken, through better monitoring by HHS.

Grant and contract procedures

Our reviews have indicated a need to improve grant and contract award procedures and, to some extent, management procedures. In April 1975, we reported that although HHS required projects to ensure costs were reasonable and necessary whenever they contracted with other providers, the guidelines were silent on the monitoring and administration of grantee subcontractors. Weaknesses in administration of subcontracts by some grantees failed to protect the Government's interests. For example, we noted that a grantee's subcontractor had purchased equipment that was unused and apparently unneeded.

In our February 1977 report on problems in administering the title X program in one region, we identified several management weaknesses in grant review and grantee selection procedures and in procedures for awarding contracts. For example, the region awarded two grants even though the grantees' applications did not comply with regulations governing the content of grant applications. The region's procedures were not adequate for an orderly review and selection process and did not provide for an objective and fair selection of grantees. In addition, the region's contracting procedures for family planning training services violated procurement regulations and requirements relative to fair and objective review of proposals.

Use of funds for program implementation research

HHS has used funds authorized each year under section 1004 of title X for "program implementation research" for a variety of activities. These activities included studies on how to serve various target groups, technical assistance to grantees, preparation of 5-year plans required by title X, data collection, and training. In our June 1981 report, we questioned whether all such uses of these funds were (1) appropriately classified as research or (2) within the range of activities envisioned by the Congress when it enacted section 1004. We noted that HHS had not formally defined the parameters of program implementation research.

CORRECTIVE ACTIONS AND REMAINING PROBLEMS

Since 1975, we have made several recommendations to the Congress, the Office of Management and Budget, and HHS to help resolve the problems identified. Corrective actions have been taken on many of our recommendations. However, some recommendations have not been acted upon and some problems persist.

In our July 1976 and January 1980 reports, we recommended that the Congress consolidate Federal programs funding family planning services. We reaffirmed the need for such a consolidation in our testimony during the March 31, 1981, hearing on title X before the full Senate Committee on Labor and Human Resources. Enactment of some form of program consolidation could alleviate the problems caused by the multiplicity of

Federal programs funding family planning services. At the same time, such action could make it more difficult to implement other recommendations. For example, in our 1980 report, we recommended that the Congress amend title X to require that some priority be given to providing family planning services to low-income women who have a high risk of poor pregnancy outcome.

The Office of Management and Budget has taken action on our recommendations to strengthen administrative requirements for Federal grants to public and private institutions and to improve fiscal accountability and audits of grantees, particularly those receiving funds from several different Federal sources.

Our recommendations to HHS involved several program areas, including enhancing program effectiveness, reducing program costs, coordinating activities, and improving monitoring and data collection. In general HHS has been responsive to our recommendations. However, in our view, HHS has not taken sufficient action to

--establish procedures for enrolling low-income persons, particularly welfare recipients, desiring family planning services;

--ensure that grantees collect fees from persons able to pay;

- --help resolve conflicts in fee policies between titles X and XX;
- --facilitate the coordination and evaluation roles of the Deputy Assistant Secretary for Population Affairs;
- --increase program audits of title X grantees; or
- --guide programmatic and administrative activities of consolidated grantees.

We will be following up on these matters and working with HHS to bring about the needed improvements.

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This concludes our statement. Mr. Chairman, we would be pleased to answer any questions you or other members of the Subcommittee may have.

GAO REPORTS ON FAMILY PLANNING ACTIVITIES UNDER TITLE X OF THE PUBLIC HEALTH SERVICE ACT

"Family Planning Clinics Can Provide Services At Less Cost But Clearer Federal Policies Are Needed" (HRD-81-68, June 19,1981).

"Should Full Funding Be Applied To The Rental Assistance And Family Planning Programs?" (PAD-80-16, Feb. 12, 1980).

"Better Management and More Resources Needed to Strengthen Federal Efforts to Improve Pregnancy Outcome" (HRD-80-24, Jan. 21, 1980).

Letter Report to the Director, Department of Human Resources, Government of the District of Columbia, on infant mortality problems in the District (Oct. 31, 1978).

Letter Report to Congressmen Barber B. Conable and Frank Horton on the administration of a family planning services grant by the Genesee Region Family Planning Program, Inc. of Rochester, New York (HRD-78-24, Dec. 13, 1977).

"Problems in Administration of Family Planning Programs in Region VIII" (HRD-77-42, Feb. 28, 1977).

Letter Report to Congressman Timothy E. Wirth on the administration of family planning programs in Region VIII (HRD-76-155, Aug. 2, 1976).

"Administration Of Federal Assistance Programs--A Case Study Showing Need For Additional Improvements" (HRD-76-91, July 28, 1976).

"Improving Federally Assisted Family Planning Programs" (MWD-75-25, April 15, 1975).

Senator DENTON. Thank you very much, Mr. Ahart.

There seems to be a discrepancy regarding the reaching of low income persons eligible for welfare benefits. Would you elaborate just a little bit more on that situation?

Mr. AHART. We found in at least three of our studies that there is not a great deal of good coordination between the welfare agencies, the social service agencies, and the clinics. There is a need to better inform people that are on welfare and who might desire family planning services as to where they are available, what services are available, what hours they are open and so on and so forth so that they will have the knowledge necessary to avail themselves of those services.

As was indicated, I think, in the previous testimony, about 13 or 14 percent of the population served by title X does consist of welfare recipients. How large that number would be we do not have a fix on, but because of the emphasis in the law on serving low income people, we feel that in the administration of the program, there should be an emphasis on outreach to them. There should be good coordination with the programs that come in contact with the welfare recipients regularly, such as the social welfare agencies. There should be an emphasis in their contacts on making sure that people know that these services are available and making sure that they know how to avail themselves of them.

Senator DENTON. In your opinion, has the recent emphasis on providing family planning services to unmarried adolescents diminished title X's ability to provide services to poor families?

Mr AHART. I think that is an awfully hard question to answer, Mr. Chairman. I am sure that the people are trying to carry out the emphasis that is in the law on reaching low-income people, but I think at any time—and of course this was the statutory direction—anytime that you have a principal focus, a prime target such as low-income families and add to that a responsibility in the program to try to reach and make services available to the adolescents, you do not quite have schizophrenia but you do have a difficult responsibility on the part of the program people to reach two target groups.

I do not think you can really do that within a finite amount of resources without having some deemphasis on one or the other, depending on how the program is structured and what the relative emphasis is at the local level, but we have not tried to measure how much that has decreased. I suspect there has been some decrease in it because of the focus since the 1978 amendments on the adolescent clientele.

Senator DENTON. I would like to interject, with your permission, Mr. Ahart, any of the gentlemen sitting with you at the table may chime in with any comments at any time.

Can GAO account for the failure of title X programs to reduce the rate of teenage pregnancy or the number of abortions among teens even or perhaps especially in areas when those services are per capita relatively more available than in other areas?

Mr. AHART. Well, I am not sure I fully understand your question, Mr. Chairman. And I think probably we cannot respond terribly well to the thrust of your question.

Let me ask Mr. Ungar if he would like to comment on that. It is, I think, a very complex question, a very difficult area.

Mr. UNGAR. Mr. Chairman, I think one of the problems we identified in our January 1980 report on efforts to reduce infant mortality was a problem with motivating adolescents who choose to become sexually active to use contraception consistently. That seemed to be fairly common; a large problem in many areas.

I am not sure, as Mr. Ahart said, we could fully answer the question. I think maybe, Mr. Loesch, do you want to add to that?

Mr. LOESCH. If I can just expand on that a little bit and point out some observations that people working in the area for years have given us with regard to whether the title X program as now structured is really having any significant impact on the teenage pregnancy problem. The rationale that we have heard in several locations from people working with title X programs goes something like this: In many instances the teenagers that end up pregnant when they did not intend to be pregnant did so because of an unexpected sexual relationship. They have described that as being, and this is especially true of the younger girls, of either not necessarily rape in the real sense of the word but in a sense of young girls being taken advantage of, sort of coerced, so to speak.

And in many instances, these are the reasons that the young girls are getting pregnant, and it was the result of an unexpected sexual encounter. They, therefore, would not have come into the clinic for contraceptive help, and so consequently, many of the people that we have talked with feel that the title X program will never have a real significant impact on reducing the teenage pregnancy level primarily because it is an educational problem more so than a contraceptive problem.

Senator DENTON. I recently read an article which is, I think, pertinent to this point at which we arrived here. We keep referring to adolescents choosing to become sexually active and we have had in the statutes of most nations of the world for a long time a law called statutory rape.

And the premise of it, of course, was that a girl beneath a certain age should not be regarded as competent to make the judgment regarding the consequences of becoming sexually active and that the older male who might have been involved in this was then held criminally liable for taking advantage of her incompetence at that age to judge the full consequences.

It is remarkable that we have reached the point, perhaps justifiably, at which at age 13 it is considered by the Federal Government a free choice so above and beyond the influence of the parent that the Federal Government is into it in the manner and degree presently existing.

The high dropout rate that GAO has noted is of concern. HHS has said that this rate is unimportant. Would you agree with that?

Mr. AHART. I think it is probably important to try to get a better understanding of what that high dropout rate means. As Mr. Martin indicated in previous testimony and as we acknowledge, there are a number of reasons why people will drop out of a program.

Maybe when they visited the clinic, they got the advice they needed and have no further need to visit the clinic or maybe they are disenchanted with the program. Maybe they make a judgment that they do want to become pregnant, have no further need for the contraceptive services.

There are just a lot of different reasons. It is our judgment that the dropout rate is high enough that it raises a question as to whether or not it might indicate some ineffectiveness in the way the program is being administered, the way the people are being dealt with, whether they have to wait too long.

There are just a lot of reasons why people might be discouraged from either availing themselves of the program or leaving the program once they are in it, and we feel it is a matter that needs attention so that we can collectively understand better just what the significance of that dropout rate is in terms of program effectiveness; obviously there are fractions of that which are perfectly explainable and are totally consistent with an effective program. There are undoubtedly other fractions of that dropout rate which are not consistent with effective administration, and we need to understand better what they are and what needs to be done to compensate for them.

Let me ask Mr. Ungar to add to that if he likes.

Mr. UNGAR. Just one comment, Mr. Chairman. Another aspect of the dropout rate that we think is important to consider is there have been a number of claims about the cost effectiveness of the program. I think, somebody mentioned it saves $2 for every $1 that is expended.

We think that in evaluating that type of situation one must consider if a large percentage of the people drop out of the program, and that is, do not continue contraception or at least contraception through the program or receiving services through the program, that does raise a question as to how effective the program is in preventing unwanted pregnancy.

And it may be an indication that some of those individuals who drop out do get pregnant and have abortions or perhaps give birth.

Senator DENTON. It almost seems as if we are trying to solve the problem by making sure that big brother, Uncle Sam, be available and insure that contraception is used in each case where it is needed, and I wonder if that is ever going to be possible and whether or not a more productive approach would be to try to instill the youth with the idea that they are dealing with something which is a little more important than they are, at that age, capable of recognizing.

The question reads: Could this be indicative of the fact that adolescents are ill-equipped to become conscientious contraceptors over periods long enough to prevent pregnancy? That is "bureaucratese" and I find myself loathe to even mouth the words.

All right. GAO has repeatedly called for consolidation of the major HHS family planning programs. Is it GAO's opinion that the block grant approach will result in a workable form of consolidation?

Mr. AHART. Well, I think it is a little bit early to tell. It depends on what kind of block grant legislation is enacted, if it is enacted, and how the programs are packaged. The main thrust, of course, of the block grant proposals are to put more decisionmaking authority at the State and local levels.

How effectively that is done will be a product, if the proposals are enacted as proposed, will be a product of the priority choices made at the State and local level and their particular decisions on how they want to administer them.

And I think it is very difficult to speculate or project just what the result of that would be. We heard testimony earlier, I think Dr. Brandt mentioned that a State would be free to not fund, if that were its choice; he did not expect that to happen—not fund family planning programs at all—and I would not expect that to happen either.

But I think it would be speculative on our part to try to make a judgment on just exactly what would happen under the block grant proposals as proposed.

Mr. UNGAR. Mr. Chairman, if I might just add to that, there is another potential problem that could develop with the block grant approach, at least as the proposal exists that we have seen, and that relates to fee policy.

I think one of the Labor and Human Resources Committee proposals emphasizes that the services in terms of the prevention grant are for persons of limited means, at least primarily.

Yet under the approach as we see it, the State would have considerable flexibility and conceivably could provide services to people who are not of limited means if they so choose.

Another problem might be that Federal funds might flow for family planning services under several different block grants and different State agencies such as the State health department and the State social services department or welfare agency may also receive funds for family planning, and at the State level, they could develop different policies between the two departments which is similar to the situation that they have now when title XX will allow free service or some States choose to provide free service, yet in title X clinics are required to charge persons who are not of low income.

So this situation could remain even under the block grants.

Senator DENTON. Is title X the program that best represents Federal policies in matters related to birth control? For example, have title X rules and administrators been an important determinant in current policy toward adolescents and sex education?

Mr. AHART. Let me ask Mr. Ungar to respond to that.

Mr. UNGAR. Mr. Chairman, from what we can see, title X does seem to set the policy within the Department for family planning and contraceptive services in terms of the programs administered by the Bureau of Community Health Services as they relate to family planning.

To a certain extent, also, it seems like the clinics that provide family planning services under title XX and even IXX also follow the title X guidelines in terms of contraceptive services.

In terms of sex education, it is a little different story. It appears as though the title X program does set the policy for sex education as provided by title X grantees. The regulations do require that the education be appropriate to the community and that the education provided be approved by a project advisory panel.

In terms of sex education that is provided, for example, through the public schools or through the school system, we are not aware of any situation in which title X sets the policy in that area.

It looks to us that there is no real across-the-board departmental policy on sex education. If there is, we are not aware of it. I know that the Center for Disease Control does get involved in funding some studies related to sex education.

The title X program funds some demonstration projects relating to sex education and may provide some technical assistance. And before the Department of Education was established, the Office of Education was involved in that area. What the current situation is, we're not sure, sir.

Senator DENTON. The gentleman from HHS had given his opinion that he was in favor or he thought it was advisable to include certain other participants in the sex education process than whatever title X participants exist.

For comment from anyone in the audience who cares to or in the hearing here or for any of the participants in the panel now or later, I would like to offer one sex education plan which among perhaps 25 or so that I have come across seems to be potentially helpful in this field of prevent birth, maybe producing a little bit more happiness and maybe not being so controversial between those who are, say, in planned parenthood and those who are against that approach.

What about a sex education program in the schools, say grade schools, high schools in which the curricula for those various schools are developed by a consortium of the teachers, doctors, parents in association with the respective religious denominations represented in the student body, perhaps five flavors of sex education curricula for a given grade school developed by that group?

Then the parents of children entering the school could take their choice or choose not to participate under any of those programs. The parent would attend with the child, perhaps four to six times a year in those classes.

That is something that I would welcome comment on because, of the many sex education proposals I have seen, I judge that to be one that is worthy of considerable consideration.

If you care to comment please.

Mr. AHART. We have not studied that proposal. It is, obviously, as you know a very controversial area and one which there have been a lot of debates and some rather animated debates at local levels.

We have not studied it.

Senator DENTON. GAO is not necessarily the outfit to which I would address the question. That is why I prefaced my question by anyone in the group who is interested in this, helping us proceed with an advance toward the difficult and necessary solution to how we can better improve sex education.

Were you going to say something, Mr. Ungar?

Mr. UNGAR. I just wanted to point out that one of the demonstrations that HHS has funded was similar to the model that you described. I am not sure it was exactly like that, but I believe a few years ago they funded a project in San Francisco that tried to bring together the various groups in the community to develop a program.

I know at the time it seemed like it was working, although I have not heard anything about it recently, but they did try to get the various groups together, and we know that in other areas they just have not been able to do that.

Senator DENTON. Please highlight, if you can the weaknesses and strengths of the current HHS data system. Do the major private research institutions working in the family planning field offer reliable and unbiased data that can be used to make the sort of policy States might soon have to make?

Mr. UNGAR. Mr. Chairman, we really have not evaluated the data that has been developed by other organizations aside from HHS. I do not think we would be in a position to comment on the reliability of that type of data.

In terms of HHS's data, we think that the situation now compared to what it was in 1975 when we first looked at the program is much improved. In 1975, we found that they basically had no data on project efficiency or workload.

Now, they have developed a system, the Bureau common reporting requirements system, which does provide them with a wealth of information on the users, financial aspects, workload, and productivity.

On the other hand, we found a number of problems with the system. It does not enjoy a substantial amount of credibility among the people who input into the system, that is, the grantees as well as some of the HHS regional officials who are responsible for managing the program on a daily basis.

They have concerns over the accuracy of the data in many instances as well as the appropriateness of some of the indicators of efficiency that are used for measuring family planning clinic operation.

There are a number of other concerns that we do have about the system, and these are highlighted in our report.

Senator DENTON. Thank you very much, gentlemen.

Before we call on our last panel, let us take a 5-minute break then reconvene at 20 minutes to the hour.

[Whereupon, a short recess was taken.]

Senator DENTON. We will reconvene.

Senator METZENBAUM. Mr. Chairman, I appreciate your giving me a chance to be present. However, the lateness of the hour creates a problem about my other commitments I have later, and I would wonder if I might, through you, request the witnesses to try to make their statements as brief as possible and put the balance of the statement in the record so that we might have some opportunity to question them. Perhaps you want them to make their full statements. You are the chairman, of course.

Senator DENTON. Well, I have been in these things myself in your same predicament, sir, and I have been in them until a quarter to 2. But I would ask you to, if you can, be as concise as possible in your presentation of opening statements.

Senator METZENBAUM. Thank you, Mr. Chairman.

Senator DENTON. For our last panel, we have invited several providers, professionals, and officials who have participated in or have association with the title X program or as providers of other family planning services have watched the development of the title X program.

They include: Dr. Clark Hansburger, State health commissioner of West Virginia; Ms. Leslie Tarr Laurie, executive director, Family Planning Council of Western Massachusetts; Mrs. Denise Cocciolone, national executive director, Birthright; and Mr. and Mrs. Robert Kambic, St. Joseph Hospital, Lancaster, Pa.

And before mentioning Dr. Hutt, I would like to respond, I believe authentically, to what will be printed in the press tomorrow as a charge levied by Senator Metzenbaum in entire good faith, I am sure——

Senator Metzenbaum. Just a statement, not a charge.

Senator Denton. Well, I would say that if you are calling the fellow an opthalmologist and saying he is really not qualified to talk on this, I would have to introduce him by saying that Dr. Hutt of the American Association of Physician and Surgeons is here and that that association is the second largest association of physicians, aside from the American Medical Association, who were invited to send representatives and chose not to, and the only other nationwide group of physicians in America.

Dr. Hutt is a board member of the association. He has graciously agreed to be with us at the last minute when another physician was unable to come.

The role of the physician is central to the provision of family planning services. Perhaps he can develop further his credentials to testify here today.

I will ask, then, for opening statements starting with Dr. Hansbarger.

STATEMENT OF CLARK L. HANSBARGER, M.D., STATE HEALTH COMMISSIONER OF WEST VIRGINIA; DR. JAMES HUTT, AMERICAN ASSOCIATION OF PHYSICIANS AND SURGEONS; MS. LESLIE TARR LAURIE, EXECUTIVE DIRECTOR, FAMILY PLANNING COUNCIL OF WESTERN MASSACHUSETTS; DENISE COCCIOLONE, NATIONAL EXECUTIVE DIRECTOR, BIRTHRIGHT, INC. (U.S.A.); MR. AND MRS. ROBERT (AND MARY) KAMBIC, ST. JOSEPH HOSPITAL, LANCASTER, PA., A PANEL

Dr. Hansbarger. Thank you, Mr. Chairman, and subcommittee member, Senator Metzenbaum.

I would like to begin by describing my background so that it is quite clear. The observations are founded over a long period of time and professional work. Of course, I did graduate from the Medical College of Virginia, a family practice program that interested me very early on because I was an extern in a birthing center program there.

I went on to pediatric residency at both Boston Children's and Case Western Reserve. Then 6 years in the Navy as a family practitioner and pediatrician within the family programs at Portsmouth, N.H., and was a neontologist at the Bethesda Naval Medical Center in Washington, D.C.

Following that, I spent 6 years in Cleveland where I was in charge of the Cleveland Metropolitan General Hospital's ambulatory programs dealing with far-ranging problems of both family planning, teenage problems, and the general problems of pediatrics.

I was also associate professor of community medicine and pediatrics at Case Western Reserve. Following that with the National Health Service Corps in West Virginia in a rural model program which used as one of its cornerstones the family planning projects, particularly title X.

From there into a group practice where we incorporated these same principles for rural West Virginia in the County of Monroe, and now I am State director of health committed to the concept that public health has a role and must take a role in the problems dealing with family planning.

I will go through the introductory remarks rather quickly because of the question of time as well as the fact that many of the issues have been raised.

There is no doubt about the many forces that have contributed to the position of title X and its origin relative to parenatal mortality which has been mentioned and accessibility and availabilities of service.

The right of the Federal Government to intervene where States were unable or did not take such interest continues in these very areas. The second influence of force was the question of the quality of life, particularly limited resources, populations explosition and personal choices which all families, the low income as well as middle and high had a right and an equal right to, family spacing certainly being one of those fundamental rights expressed in family planning principles of title X.

The third force which remains is the integration of these services into the mainstream of both medicine as it is practiced in rural as well as urban areas. Unaccessible, they become a cornerstone of comprehensive nature of practice into the health services.

They incorporate health education in the community for the young and those who are productive to address the physical abnormalities diseases and illnesses which prevail. In other words, physical examinations involved in family planning are able to focus on a far range of medical problems in addition to those that deal with contraception or conception.

Finally, perhaps the greatest force has been the rather large population in every State which must be considered medically indigent, that is, below the 200 poverty area. This population did not have equal access to the rights of family planning and this very population was the one most ill, high risk and in need of these various services.

Now, the results and problems of family planning are obvious. Congress should not be disappointed in the productivity of this mandate in the last several decades. The job, however, has not been entirely accomplished. The art of medicine leaves many areas which are unmet in a period of 10 years or 20. It was anticipated that it would take until the turn of the century to accomplish many of these as it had to do with problems of infectious diseases.

It is certainly difficult to integrate family planning to the mainstream of both medicine and public health for this reason. Throughout the United States, the perinatal mortality has been dropping significantly in the last 10 years. The question of whether this infant mortality is truly related to family planning is still a problem. However, there is certainly a definite parallelism.

There is no doubt in my own mind of the desirability of controlling the time of pregnancy to avoid the high risk times of life of the fertile woman which are in the pre-20 years of teenage and also in post 30-years where there is demonstably higher risk.

It is in these years that the impact and as a matter of fact, the consumers own concept of what they needed by the utilization rates make the difference. It is also during these years particularly in the teenage years that we are still floundering in many areas of the country seeking a reasonable answer to what is perceived as a moral or sex related problem.

This struggle is reminescent of similar debates about the validity of infectious disease control many years ago. There is no doubt that we have been able to demonstrate to the country a cost effectiveness as the result of control of pregnancy. This has been demonstrated by the fact for every dollar, as mentioned before, $2 is saved in the following year.

It is also calculated that this brought about the control abortion needs as many as 5 million a year. This figure implies a cost containment factor which cannot be denied not only in cost savings in public welfare programs but also cost savings for pregnancy and abortion needs. In addition, the matter of disabled children may be a result of these many pregnancies which went unprevented.

I would also address the Congress with the responsibility of continuing to foster national preventative care programs such as family planning. There are very significant diseases and illness detected by family planning services and physicals. Up to 32 percent of these physicals are determined a demonstrable physical illness or abnormality.

However, the preventative benefits most laudible to the population is the economic security, social and psychological support or at least the control of stress and coping with the problems of sexuality, marriage, family spacing which have been demonstrated to me to be effective as a physician time and time again in a happier and generally more stable situation of the family unit as much as anything else I have done in medical practice.

This is a bonding which begins and never ends. It goes through several generations.

As we approach the question of improving the health status of our citizens by improving accessibility and availability of family planning for those the 200 poverty level, my experience and those of colleagues throughout the United States would support the contention that we are still far from addressing this adequately.

But in every effort, particularly as it is designed to implement a comprehensive approach such as that used in family planning, these efforts have been made to mainstream and support as much as possible successful family planning for the poor in many of the urban and rural communities through association with hospitals, private physicians, private care clinics, prepaid programs, and others.

The family planning program has provided the only contact with reasonable, intelligent and caring care that many of the disadvantaged have had. Its very utilization suggests that there is at least one productive health contact of some significance for both men and women in that period of life in which most of us feel we have the greatest opportunity to improve our health care status.

There is no doubt that the public has wanted family planning in the mainstream life of the United States and at this point the family planning programs dedicated to the marginal- and low-income population has been in step with nationally perceived needs and trends.

In the funding of this program, there has been confusion; and the Congress has been placed in the conflict, between sexism and family planningism as a public policy. The state of the art in family planning suggests that long before Congress or the public noted this problem family planning personnel were addressing it and have refined over the last decade their approach to problems which contraception may imply, both as the public perceives it and as individuals use it.

There must be a commitment in all of our minds as intelligent human beings to understand that sex, promiscuity, incest, single families, homosexuality, and venereal disease are all situations or concern or social value problems which weigh on society regardless of the desire on the part of an individual to control conception. The idea that in some way family planning has led to promiscuity and sexual abuse and other social concerns is a concern which has no basis in fact, scientific or personally.

It is unfair and misguided to attack pornography and promiscuity by discontinuing or downplaying family planning's impact.

The family planning movement addressed this long ago by understanding that there must be, in counseling for family planning, a discussion on sexuality, promiscuity, and other health education related subjects. Many times I have given personal counsel to young people who have not understood these problems. I have grown to know that sexual activity will change by information which demonstrates the dangers of these very factors.

However, responsible planning on the part of even teenagers is possible with this information. In many instances in my practice in the State of West Virginia which has a very liberal law in terms of consent, parental advice, and consent is not only encouraged but sought whenever possible.

This is the best example of responsive practice for a physician's discretion based on knowledge of the family and community can help this decision factor.

It is my opinion and it is a health education objective within the family planning program that the need for education in the family planning programs now rises as one of the largest needs assessment or consumer-perceived values of the family planning movement. It is the single place in many communities to go to sort out the conflicts, the misunderstandings, the lore, the old wives tales, and ignorant perceptions of sex or its related problems.

I would even say to you that chastity counseling has not been without its proponents throughout the family planning movement. I do not think any counselor, particularly of young people, can avoid saying, "Perhaps you would rather not" or "perhaps you are not ready" or "perhaps you should give it more thought based on what I tell you today."

My personal experience has been in these very clinics that many of these young people make those choices and make them intelligently based on the information that we are able to provide. Having made those choices and as a result of that particular interview or discussion, they often will come back years later grateful to society, their government, and to this particular program of this significance, many times having sought the information but not gotten it from health education, families, educators, and their friends.

The impact of this information source alone and their concept of the availability of the information will have impact in the future teenage pregnancies, because these very people will be the parents of the future.

I would also submit that the program guidelines for project grants for family planning services under section 1001 have been extremely comprehensive in these matters and, in their policing of the programs, Federal, State, and local authorities in public health have been laudable in their zeal to avoid conflicts in the local, religious, moral, or social backgrounds in which they must work as members of a public agency.

However, multiobjectives, that is, teens indigent, underserved or integration of these services is, perhaps, as big a block concept as I ever have seen, and it is done on a local functional level.

Therefore, they have attempted, in many instances, to integrate into the community many of these services based on the perceived needs and social values.

The State of West Virginia would be, in my mind, in an extremely backward state of affairs if we had not been able to implement in the seventies a strong public health program which incorporated family planning as one of the major cornerstones.

It is targeted at at least 150,000 people at the 200-percent poverty level or about 110,000 at the 150-percent poverty level. This is complicated by the fact that West Virginia has as many as 20 counties with virtually no health provision, as indicated by the physician-to-population ratios, by 1-hour traveling or distance times from the patients' homes to available health professionals, and by the very nature of the rural-social values which preclude much of the interest unless it is brought into these communities.

The neonatal mortality rate was one of the highest in the country and, by all parameters, other health indexes the same, including cancer of the cervix. Many of these were extremely important to implementing the programs in the State in the early seventies.

The State family planning program must be viewed as one of the most successful attempts by the Federal Government and is only paralleled by the National Service Corps primary clinic movement, which came about a bit later, in influencing the rapid increase in health services which directed themselves to perceived needs of the consumer.

The family planning program has accelerated dramatically. However, only 50 percent have been served, in my estimate, at least through the title X. There are many others that are not accounted for in many of the other titles, about 50 to 60,000 patients a year.

New patients admitted on a monthly basis throughout the State average about 2,000 a month. If each contact is considered to be a health-screening process alone, as reflected by the guidelines, this is a tremendous screening program, particularly for young adults. And, again, at least 32 percent of these people have resulted in the identification of significant diseases which can be treated at that time or arrangements made.

West Virginia receives over $2 million a year in family planning related funds. This includes titles XIX, XX, V, and X. It is reasonable to assume that the present reduction anticipated as a result of the congressional budget or allocations for these programs will significantly influence this program, and adversely, I might say.

However, more significant would be the neglect of this program completely or in some way the decrease influence and attention which this type program needs to receive from the Congress, perhaps certainly even as a categorical. It is unlikely to thrive in a State like West Virginia during the interim between Federal reduction and State attention based on the needs of a poor State such as West Virginia.

There is no other way currently, at least in the next few years, to support this program unless we use public funds for subsidy not only in family planning but in the cornerstone these moneys bring to those providers who are willing to go in rural areas and have some subsidy to keep them there.

I would also be remiss if I did not point out that actually the State of West Virginia, perhaps the very reason that I have been asked to appear, has an excellent track record for its efficiency, outreach, and implementation.

We would ask that the program be continued based on such performance and that is evidenced in this State as others. West Virginia was ranked No. 1 for region III in containing administration costs and cost per medical encounter. We have not gained that performance by lack of interest on the part of the State government or West Virginia State Health Department.

I welcome the GAO's role and the Federal presence of such a role in the management of such a program. It is the very reason why Federal availability should continue.

I would also like to indicate that the State health plan which has been accepted by a large majority of both providers and consumers in the State of West Virginia places a very high priority within that segment of the problems of West Virginia on perinatal care and family planning.

It is the perception of that State's population and its professional providers that family planning is a significant need and it is only beginning to counter the many problems which it was directed to solve. We would base our funding, block or not, on that perception, and we would utilize the funds which are available in this particular area to that end and for the purpose of an accountable, effective, cost-efficient system which you would be able to support and be proud of.

Thank you.

[The prepared statement of Dr. Hansbarger follows:]

TITLE X FAMILY PLANNING PROGRAMS

1. Historic Factors and Its Present Application
2. Program Described in General and Its Beneficial Features
3. Application of This in a State such as West Virginia

The historic factors which have influenced so greatly the development of the family planning concept have originated from several important forces in our society — (1) The major scientific force in this area has been the recognition by the science of public health that the art of rendering public health services should address itself to the problem of perinatal mortality, particularly the statistical significance of neonatal loss in the United States in the last several decades — this loss being significantly higher than in many other advanced technological countries. It was also appreciated that these particular indices raised questions pertaining to the health of women in the country and the health of the denominator of people in general in many areas of the country; (2) The other factor of public health significance was the acknowledgment that accessibility of services, where dependence upon local health or a provider system usually sponsored by local health departments or state health departments throughout this country, would depend on this being financed, organized, and implemented by the public health sector; and (3) The tradition of federal intervention on the part of the community-at-large in the United States in particular areas of need deemed by the Congress as appropriate in this area, as it had been

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Director, West Virginia Department of Health
June 23, 1981

in the more traditional problems of typhoid, smallpox, and polio in the past which are of little significance in the modern era of this country.

The second influence or force that required the attention of Congress and most of the communities of the United States was the quality-of-life issues which were so aptly described in the 50's and 60's and were to be implemented in the 70's and carried through the turn of the century; that is, the issues which arose around the use of limited resources, the problems of population explosion, and the personal choices which families or individuals could have and should have, based on their intelligent planning for family spacing or the elimination of unwanted pregnancies in general which strained, in many instances, not only the social well-being of these individuals but the economic factors of their personal lives.

The third force which has influenced and required the attention of Congress and which continues to remain a need is the general application of the categorical grants. Particularly in the area of family planning integration is essential, not only coordinating contraceptive methods, infertility, and natural family planning situations, but also the need for health education in the community for its young, productive population to address the physical abnormalities, diseases, and illnesses which are prevelant in the very population requiring the need for public intervention or public assistance in family planning.

Finally, it was and still is true that there is a rather large population in every state which must be considered medically indigent; that is, below the 200% poverty level who, by virtue of both accessibility and availability of health care systems and personal finances, would not and could not avail themselves of these services. This very population is one that was most ill, high-risk, and in need of these various services.

Congress should not and has not been disappointed in the productivity of this mandate in the last several decades. The job, however, has not been accomplished entirely, nor was it to be until the turn of the century; that is, it is acknowledged that not only will we have difficulty over the next twenty years with many of the same problems but that the impact of such programs is as slow as or is as difficult to integrate into the mainstream of both medicine and public health as the infectious disease control was at the turn of the century. However, the impact of the program has been dramatic in many states and, speaking from the experience of West Virginia, has been particularly gratifying.

Throughout the United States the perinatal mortality has been dropping significantly in the last ten years, particularly is this so in the infant mortality area; that is, the infant mortality per 1,000 live births has dropped from approximately 35 in the 1940's to approximately 13 in the 1970's. The question is whether this infant morality is truly related to family planning. The major decrease, as a matter of fact, has been in the last several decades when family planning or controlled pregnancy spacing was an implemented public policy. There is no doubt in my own mind of the desirability of controlling the time of pregnancy to avoid the high-risk times in the lives of fertile women which are in the pre-twenty years; that is, teenage years, and the post-thirty years when in both areas the risk is demonstrably higher. It is in these years that the impact and, as a matter of fact, the consumers' own concept of when they need the family planning program has, I think, made the difference. It is also during these years, particularly in the teenage years, that we are still floundering in many areas of the country seeking a reasonable answer to what is perceived as a moral or sex-related problem.

There is no doubt that we have been able to demonstrate throughout the country a cost effectiveness as a result of controlled pregnancy or family planning. This has been demonstrated with the fact that for every one dollar placed into the program two dollars is saved in the following year as a result of decreasing the need for Medicaid or other supportive programs for the unwanted pregnancy result. It is also calculated that this has brought about the control of abortion needs by eliminating as many as five million abortions a year in this country alone as a result of contraceptive application. Figures imply a cost containment factor (not only in cost savings for public welfare programs but also cost savings for pregnancy and abortion needs) and a reduction in the number of disabled children as a result of the number of pregnancies prevented. The offset of this, of course, are the complications of contraception itself. The statistics seem to indicate that these are nowhere near the cost of the complications of unwanted pregnancy and the state of the art has even decreased this dramatically in the last few years.

I would also address the Congress with the responsibility for continuing to foster national preventative care programs such as family planning. I certainly address the fact that there are many significant diseases and illness detected by family planning physicals, up to 32% as a matter of fact, in any given population. These are preventative by virtue of the fact that they are detected and then acted upon. However, the preventative benefits to the population in economic security, social and psychological support, or at least the control of stress and coping problems from sexuality, marriage, and family spacing have certainly been demonstrated to me as a physician time and time again in the happier and generally more stable situations of the family unit, as much as anything else in the medical field. The preventative nature, as it applies to the genetic and risk factors of many young people as they come to grips with the result of conception relative to disability of an infant or the unwanted pregnancies, is the modern state of the art of public health which has been responsibly addressed by Congress and I would ask to continue to be so in this area.

As we approach the question of improving the health status of our citizens by improving accessibility and availability as it affects family planning of those below the 200% poverty level, my experience and those of my colleagues throughout the United States would support the contention that we are still far from having addressed that adequately. But every effort, particularly as it is designed to implement a comprehensive approach such as is used in family planning, has been made to mainstream and support, as much as possible, successful family planning for the poor in many of the urban and rural communities through association with hospitals, private physicians, primary care clinics, prepaid programs, etc. The health status of the communities is certainly affected and would, through my experience, be greatly enhanced by such programs. Albeit slow and painful in many instances, efforts to improve health status have improved because of these services. The family planning program has provided the only contact with reasonable, intelligent, and caring care that many of the disadvantaged have had. It is unlike many of the other categorical programs that have the problems of meaning well but, as a matter of fact, do not offer the services which the community perceives as needed. This is not so in family planning. Its very utilization (in this case throughout the nation by over five million in the last decade) suggests that there is at least one productive health contact of some significance for both women and men in that period of life in which most of us feel we have the greatest opportunity to improve our future health status.

I think the quality-of-life issues, as addressed by the program, are complicated and might be argued ad infinitum. However, the impact of the original, and I think, still national policy of controlled population growth and a conservation of limited resources will still continue to be perceived as a reasonable national policy. However, the most significant impact has been in the quality of life, as reflected by the consumer utilization of these family planning methods and by the decrease in the birth rate. There is no doubt that the consumer has wanted this in the mainstream of United States life and that at this point the family planning programs dedicated to the marginal-income and low-income population has been in step with nationally-perceived needs and trends. It has not been an unkind or inappropriate approach by the national government to mainstream national goals and consumer-perceived needs to that population by virtue of the absence of the usual health provider. Since most of these monies go to local communities and some 95% of the funds end up as service funds in this particular program, it is important to recognize that the intentions of Congress, both then and now, are being met; that is, service to the public in general as a public measure.

In the funding of this program, there has been confusion; and the Congress has been placed in the conflict, between sexism and family planningism as a public policy. The state of the art in family planning suggests that long before Congress or the public noted this problem family planning personnel were addressing it and have refined over the last decade their approach to problems which contraception may imply, both as the public perceives it and as individuals use it. There must be a commitment in all of our minds as intelligent human beings to understand that sex, promiscuity, incest, single families, homosexuality, and venereal disease are all situations or concerns or social value problems which weigh on society regardless of the desire on the part of an individual to control conception. The idea that in some way family planning has led to promiscuity and sexual abuse and other social concerns is a concern which has no basis in fact, as shown by scientific data and personal experience, or intellectual relevance for the population as a whole or even in small groups.

The family planning movement addressed this long ago by understanding that there must be, in counseling for family planning -- a discussion on sexuality, promiscuity, and other health education related subjects during the time that the individual sought family planning advice. Many times have I given personal counsel to young people who have not understood these problems. I have grown to know that sexual activity will change by information which demonstrates the dangers of promiscuity, the social and psychological impact of the abuse of sex, the difference between sexual activity and family planning, and the results of irresponsible sex, such as venereal disease.

It is my opinion and it is a health education objective within the family planning program that the need for education in the family planning programs now rises as one of the largest needs assessment or consumer-perceived values of the family planning movement. It is the single place in many communities to go to sort out the conflicts, the misunderstandings, the lore, the old wives tales, and ignorant perceptions of sex or its related subjects of body function, health status, risk, and family planning. I would even say to you that chastity counseling has not been without its proponents throughout the family planning movement. I don't think that any counselor, particularly of young people, can avoid or does avoid the challenge of saying — "Perhaps you'd rather not" or "perhaps you're not ready" or "perhaps you should give it more thought based on what I tell you today." My personal experience has been in these very clinics that many of these young people make those choices and make them intelligently based on the information that we are able to provide. Having made those choices and as a result of that particular interview or discussion, they often will come back years later grateful to society, their government, and to this particular program for the only significant advice and health education which they have received from families, educators, or their friends.

I would also submit that the program guidelines for project grants for family planning services under Section 1001, Public Health Service Act, have been extremely comprehensive in these matters and, in their policing of the programs, federal, state and local authorities in public health have been laudable in their zeal to avoid conflicts in the local, religious, moral or social backgrounds in which they must work as members of a public agency. There has been sincere respect on the part of the public agencies to avoid conflict in this particular area and, therefore, they have attempted in many instances to integrate themselves into the community and perhaps might well be said to be the first example of a community-responsive program; that is, a program that defines much of its activities in terms of the needs of the community and its perceived social values. Certainly there have been conflicts, certainly this hasn't been easy, and certainly it never will be in any problem that the public seeks to address. But in this particular program the sensitivity of those who administer them or implement them has been above average in this area.

As it applies to West Virginia and the reason that I have been asked to address this Subcommittee, I would say that over the last ten years I've experienced every level of family practice through the National Service Corps, private practice, and finally as the Director of Health for the State of West Virginia. Before that I was very active in the public health sector of both the City Health Department in Cleveland and the Cuyahoga County Public Health Ambulatory Program of Ohio, as well as associate professor at Case Western Reserve University in Community Health and Pediatrics.

The application and impact of the family planning program to a state such as West Virginia cannot be understated. The state of West Virginia would be, in my mind, in an extremely backward state of affairs if we had not been able to implement in the 70's a strong public health program which incorporated family planning as one of the major cornerstones to address not only the low-income population. It is targeted at at least 150,000 people at the 200% poverty level or about 110,000 at the 150% poverty level. This is complicated by the fact that West Virginia has as many as 20 counties with virtually no health provision, as indicated by the physician-to-population ratios, by one-hour traveling or distance times from the patients' homes to available health professionals, and by the very nature of the rural/social values which precluded much of the interest in making the distance trips for any preventative health care. The neonatal mortality rate was one of the highest in the country and, by all parameters, cardiovascular deaths, hypertension, cancer deaths (particularly those from cancer of the cervix), and many other ill-status indicators indicated a grave health problem generally in the state of West Virginia. In the 1970's family planning plus other categorical programs were introduced into the state's system, often complemented by state funds in a matching as well as supportive way to grapple with the problems.

The state family planning program must be viewed as one of the most successful attempts by the federal government and is only paralleled by the National Service Corps primary clinic movement, which came about a bit later, in influencing the rapid increase in health services which directed themselves to perceived needs of the consumer in West Virginia. The family planning program has accelerated dramatically since the early 1970's but still only serves 50% of those that are perceived to need it. As a result of the seeding of the community with family planning oriented professionals, this is probably much greater and certainly the job of mainstreaming family planning concepts into the community through primary clinics, private physicians, and hospitals is proceeding but is still a decade away from its achievement by virtue of the many traditional barriers in many parts of West Virginia. Over 50,000 patients are seen and this is rapidly approaching 60,000 this year in the family planning programs throughout this state. New patients admitted on a monthly basis throughout the state average about 2,000 a month which must be viewed as an extremely high new contact rate. If each contact is considered to be a health-screening process, as reflected by the guidelines, this is a tremendous screening program, particularly for young adults. And at least 32% of these contacts have resulted in the identification of significant diseases, illnesses, or disabilities which are subsequently addressed by the family planning case workers and staff to follow-up by seeing that they are mainstreamed into the medical system or other public assistance programs.

West Virginia receives over $2 million a year in family planning related funds. This includes Title XIX, Title XX, Title V, and Title X, as well as a few smaller type of grants in adolescent health education and risk reduction. It is reasonable to assume that the present reduction anticipated as a result of the Congressional budget or allocations for these programs will significantly influence this program. However, more significant would be the neglect of this program completely or in some way the decrease in influence and attention which this type program needs to receive from the Congress of the United States. I feel sure that in the state of West Virginia there will be a gradual transference of responsibilities to a more responsible state government and state agencies than there has been prior to the conception of the national policy in family planning. However, not because of parochial non-family planning feeling but on the basis of a saturation of the tax base and a multitude of demands which reduction in funds at the federal level has already caused, family planning will have to be competitive in the replacement of these federal funds by state government and it is unlikely to thrive during the interim between federal reduction and state attention based on the needs of a poor state such as West Virginia. As you are aware, the state is poor in spite of coal activity and in spite of what is perceived as a strong industry. Perhaps, as much as anything else, this is due to the fact that over half of the population of the state of West Virginia has little to do with coal and is in the pulpwood, farming, and small mom-and-pop industry type of activity. Although independent (and laudable in the sense of their contribution to the national resources such as wood, small coal operations, farming and crafts), these same people have a great deal of difficulty in managing their finances in such a way that they can afford or can place health as a priority or can form a base population for anything but transient public health type of activities. There is simply no way to support without public funds or other subsidy any provider on a full-time basis in many of these communities. Family planning funds form a base of funding for the local health departments to continue to operate in a comprehensive fashion and, for many primary clinics and other nonprofit institutions, these programs would not be in existence if they did not receive such subsidy in such poor surroundings.

I would also be remiss if I did not point out that actually the state of West Virginia's program, perhaps the very reason that I've been asked to appear, has an excellent track record for its efficiency, outreach, and implementation. We would suffer at this point if we were unable to continue to receive this program at a time when again there are many children's program activities and geriatric activities that are also threatened by the cut in funds and which are competing for funds with the family planning program. We would ask that the program be continued based on such performances as that evidenced in the state of West Virginia. It was ranked number one for Region III in containing administrative costs and cost per medical encounter. We have not gained that performance by lack of interest on the part of the state government and the West Virginia State Health Department. It has been gained because of that interest. We are willing to project this image into the state legislature for its consideration in funding but I know that at this point this would be one of a number of problems for our legislature to consider as a result of these difficult times. I would rely on the attitude, consensus, and responsiveness of the Congress as a traditional mover and shaker in public health affairs to address this particular problem favorably.

In summary, I would point out that family planning programs nationally have been administered, implemented, and funded through a system which has emphasized local services and 95% of these funds have, indeed, ended up providing services on a local level. The cost efficiency of these services is demonstrated by the number of problems it has prevented. Translated into welfare payments or unwanted pregnancies or perinatal complications, the cost effectiveness which has resulted from family planning has been well worth the investment. The nature of the problem of unwanted pregnancies, of intelligent family spacing, and of the impact on health status from health education and physician examination far outweighs the problems which family planning methods have caused in certain instances. As an expert in the field of practical medicine, family practice medicine, pediatrics (Board certified), and as a public official in an agency in one of the poorest states of the Union, I would state that an interest loss on the part of Congress would be devastating and unresponsive to perceived needs of our population during the latter part of this century. Thank you for your attention and interest in this presentation.

I would also like to indicate that the State Health Plan, which has been accepted by a large majority of both providers and consumers in the state of West Virginia, places a very high priority within its segment on the problems in West Virginia of perinatal care and family planning. It is the perception of that state's population and its professional providers that family planning is a significant need and that it is only beginning to counter the many problems which it is directed to solve. We would base any funding, block or not, on that perception and would utilize the funds which are available in this particular area to that end and for the purpose of an accountable, effective, cost-efficient system which you would be able to support and be proud of.

Senator **Denton**. I will take the opening statements from each witness so we will ask Dr. James Hutt to proceed with his before we go to the others and then have the questions.

Dr. **Hutt**. Thank you, Mr. Chairman, and members of the subcommittee. My name is James B. Hutt, Jr., and I am in the active practice of medicine in Warrenton, Va.

I would like to amplify a little bit on my background since it has been questioned. I was in the general practice of medicine in Warrenton for 20 years. I have delivered 1,500 babies which is probably more than anybody else in this room, and I have probably given family planning advice or contraceptive advice to as many as anybody in this room.

My comments are being made on behalf of the members of the Association of American Physicians and Surgeons. This is a national organization of physicians from all States which has, since 1948, been actively seeking to promote the highest possible standards of medical care for the American people through the preservation of the private practice of medicine.

There are a number of observations we wish to make regarding the title X program and especially about its future role. First of all, the basic premise on which the creation and continuing existence of a title X program rest is patently false.

This premise is the often repeated and prevalent notion especially in Washington that it is the responsibility and duty of the Federal Government to assure that every American has equal access to quality medical care and medical information. This, of course, is pure nonsense since it is not among the powers that were delegated to the U.S. Government by the Constitution.

Even if it were a proper function of the Federal Government, it would be an impossible task. Lest there be any doubt about this, simply examine the socialist nightmare that exists in England under their National Health Service, and as a matter of fact, in any other socialist country such as China or Russia or Sweden.

The title X program concept defies two basic principles of government which have stood the test of time. The first is Thomas Jefferson's observation that government which governs lest governs best, and the second is that government functions should be performed at the lowest practical level of government.

For an example, garbage collection does not require a Federal agency nor, for that matter, does family planning.

Title X of the Public Health Service Act created the office of Deputy Assistant Secretary for Population Affairs. Even this name has a somewhat sinister connotation. The idea that population control might be a prerogative of the Federal Government is simply foreign to the average American's way of thinking as indeed it should be.

Federal Government involvement in population control through such devices as family planning establishes a dangerous precedent. Might it lead to the kind of controls that exist in the slave states of Communist Russia and Communist China? God forbid. The year 1984 is nearly upon us. Let us make sure that it is not George Orwell's "1984."

The title X program is, like most other Federal programs, a bottomless pit in which an unlimited amount of money can be poured. Failure to obtain the stated goals of the program, which is the rule, always elicits requirements for strengthened prerogatives and greater expenditures of money.

There are numerous programs which illustrate this principle and one of the most obvious is the social security program. There is little doubt that social security is broke. A better term might be megabankrupt.

Senator METZENBAUM. Mr. Hutt, may I interrupt you for just 1 second.

Dr. HUTT. Certainly, Senator.

Senator METZENBAUM. I am going to have to leave, but I wanted to say to you that I had been informed that you are an opthalmologist, but I do believe that the fact that you have delivered 1,500 babies certainly puts a different light on the subject.

I think that I had felt that the witness ought to be an expert who had been involved in family planning counseling. I do not know that you are necessarily in that category, but I think having delivered 1,500 babies, I think that does give you a different kind of posture than an opthalmologist speaking on the subject.

And since I had to leave, I took the liberty of interrupting you, sir.

Dr. HUTT. Thank you, Senator. For your information, I am an opthalmologist. I went back after 20 years of general practice and took 3 years in training, and I am now in ophthalmology.

Senator METZENBAUM. I understand fully well, and I felt that I had been unfair to you in pointing out that you were an ophthalmologist and had not been involved in family practice, and I wanted to at least correct the record to that extent.

Dr. HUTT. I appreciate that.

Senator METZENBAUM. It is nice to have you with us.

Dr. HUTT. Thank you, sir.

Senator DENTON. Thank you very much, Senator Metzenbaum.

Dr. HUTT. Title X uses direct Federal subsidy. Given a choice, one would prefer block grants to the States over the present system. In the final analysis, however, it is very much like choosing between hanging or lead poisoning as a method of suicide. The end result is the same since it was long ago decided that whatever the Federal Government subsidizes it must control.

As an illustration, consider the Education for All Handicapped Children Act of 1975. Federal funds are made available to the State school systems under this act, but are accompanied by Federal guidelines. New Mexico, for example, did not like the guidelines and tried to refuse the Federal subsidy but was forced into compliance by a threat of withholding all Federal funds.

Block grants are probably more cost efficient than direct subsidy but the process of sending tax money to Washington and then getting it back is certainly open to question. A conservative estimate is that out of every dollar Uncle Sam collects from a taxpayer in State A and then under revenue sharing or block grants returns to State A 40 cents gets stuck in Washington.

The tax burden has become unbearable and is taking nearly 50 percent of everything we earn. It must be reduced not simply slowed up in growth. The money that will be appropriated to the title X program does not even exist. The Federal Government is already in hock to the tune of nearly $1 trillion. The interest alone adds about $100 billion to the annual Federal budget. How can we seriously consider increasing these figures? Where will the title X appropriation come from? The answer is that this appropriation of funds will be printed by the Federal Reserve System and added to the aforementioned Federal debt, a process known as monetizing the debt.

The result is further inflation of the money supply and further destruction of the value of the dollar. In view of these observations, we recommend the following:

One, phase out the title X program by the end of fiscal year 1981 and return any unused funds to the U.S. Treasury.

Two, abolish the position of Deputy Assistant Secretary for Population Affairs.

Three, notify the States that the title X program is being phased out and that they may continue these programs if deemed necessary but without Federal funds.

Mr. Chairman, our primary concern is the survival of our Nation, and this must supersede all other considerations. I am sure that I speak for the members of AAPS and for most Americans as well when I assure you that we are solidly behind a program to reduce Federal interference in our family and local affairs and to reduce Federal spending and Federal taxes.

Failure to succeed in doing so will inexorably lead to personal and national disaster in the very near future. We need action now, and there is no better place to start than right here with title X.

Thank you.

[The prepared statement of Dr. Hutt follows:]

June 23, 1981

Statement of
James B. Hutt, Jr., M.D.
On behalf of the Association of American
Physicians and Surgeons

Before the
Subcommittee on Aging, Family and Human
Services,
Committee on Labor and Human Resources

United States Senate
on
Recommendations on the Future of Title X
of the Public Health Service Act.

Mr. Chairman and Members of the Subcommittee:

My name is James B. Hutt, Jr. and I am in the active practice of medicine in Warrenton, Virginia. My comments are being made on behalf of the members of the Association of American Physicians and Surgeons. This is a national organization of physicians from all States which, since 1948, has been actively seeking to promote the highest possible standards of medical care for the American people through the preservation of the private practice of medicine.

There are a number of observations we wish to make regarding the Title X program and especially about its future role.

First of all, the basic premise on which the creation and continuing existence of the Title X program rests is patently false. This premise is the often-repeated and prevalent notion, especially in Washington, that it is the responsibility and duty of the federal government to assure that every American has equal access to quality medical care and medical information. This, of course, is pure nonsense, since it is not among the powers that were delegated to the United States government by the Constitution. Even if it were a proper function of the federal government it would be an impossible task. Lest there be any doubt about this, simply examine the socialistic nightmare that exists in England under their National Health Service.

The Title X program concept defies two basic principles of government which have stood the test of time. The first is Thomas Jefferson's observation "That government which governs least governs best" and the second is that government functions should be performed at the lowest practical level of government. For an example, garbage collection doesn't require a federal agency, nor, for that matter does family planning.

Title X of the Public Health Service Act created the office of Deputy Assistant Secretary for Population Affairs. Even this name has a somewhat sinister connotation. The idea that population control might be a prerogative of the federal government is simply foreign to the average American's way of thinking, as indeed it should be. Federal government involvement in population control through such devices as family planning establishes a dangerous precedent. Might it lead to the kind of controls that exist in the slave states of Communist Russia and Communist China? God forbid! The year 1984 is nearly upon us, let's make sure that it is not George Orwell's 1984!

The Title X program is, like most other federal programs, a bottomless pit into which an unlimited amount of money can be poured. Failure to attain the stated goals of the program, which is the rule, always elicits requests for strengthened prerogatives and greater expenditures of money. There are numerous programs which clearly illustrate this principle and one of the most obvious is Social Security. There is little doubt that the system is broke--a better term might be mega-bankrupt!

Title X uses direct federal subsidy. Given a choice, one would prefer "block" grants to the States over the present system. In the final analysis, however, it's very much like choosing between hanging or lead-poisoning as a method of suicide. The end result is the same since it was long ago decided that whatever the federal government subsidizes it must control. As an illustration consider the Education for All Handicapped Children Act of 1975. Federal funds are made available to the State school systems under this act but are accompanied by federal guidelines. New Mexico, for example, did not like the guidelines and tried to refuse the federal subsidy but was forced into compliance by threat of withholding all federal funds. Block grants are probably more cost efficient than direct subsidy but the process of sending tax money to Washington and then getting it back is open to question. A conservative estimate is that out of every dollar Uncle Sam collects from a taxpayer in State A and then, under revenue sharing or block grants returns to State A, 40 cents gets stuck in Washington.

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Mr. Chairman, I am sure that I speak for the members of AAPS and for most Americans as well when I assure you that we are solidly behind a program to reduce federal spending and federal taxes. Failure to succeed in doing so will inexorably lead to personal and national disaster in the very near future. We need action now and there is no better place to start than right here with Title X.

Senator **Denton**. Thank you, Dr. Hutt.

I will ask Mr. and Mrs. Robert Kambic of St. Joseph Hospital to make any statement they choose to.

Mr. **Kambic**. Thank you, Mr. Chairman.

We ask that the written testimony as submitted be included in the record and we are going to attempt to summarize right now.

We are going to testify today on natural family planning [NFP], fertility awareness and its relation to title X. We have been in this field for 10 years, 6 years full time. We have been consultants to the Department of Health and Human Services, World Health Organization, various international groups and agencies associated with natural family planning, and over a 100 agencies, organizations, hospitals, health departments, and so on around the United States that are interested in this field.

It has only been in the past 10 years that NFP has been actually a service in the United States, and so we have been in on the ground level.

My wife is going to take a few minutes to explain actually what natural family planning and fertility awareness is, and then I am going to come back and talk a little bit about its relationship to title X and to Federal funding in general.

Mrs. **Kambic**. Thank you to the members of the subcommittee.

We are funded in part by title X funds at the present time and we are a delegate agency of South Central Family Planning in Pennsylvania.

Just to review a few facts about what we do, we see the thrust of our services right now as twofold. The first part of the service is something we call fertility awareness and the other part is something we call natural family planning which, I think, will bear on a lot of the subjects that have been brought up today.

We feel that the modern term "fertility awareness" is really one of the aspects af the heart of natural family planning. By this we mean that by understanding fertility, both men and women, can control their fertility naturally, they can understand it, come to terms with it, respect it, and integrate it into their lives and, in general, accept it.

One thing this also does is relink in a dramatic way fertility with sexuality. It allows people—and we think this is important—especially women to come into direct contact with the power of reproduction within themselves and deal with this power in a way that enhances their personal worth and dignity.

From the man's point of view, fertility awareness means understanding and accepting that from puberty his fertility is constant whereas the women's is cyclic, and therefore, a man recognizes that sexuality and fertility go hand-in-hand and that he is coequal with the woman in all these decisions,

There are three methods of fertility awareness, and then I will mention natural family planning, that are most accepted not only in the United States but really around the world.

One would be the ovulation method which has been in the United States only about 10 years and originally was developed in Australia. By this a woman learns to monitor her cervical mucous discharge and can tell when she is fertile and infertile.

Another method is the changes in the cervix itself. This method actually comes from the research of a physician in the United States. Using it a woman can actually palpate her cervix and tell the time of fertility and infertility.

The third method, the basal body temperature method has been in use a longer period of time, and by this a woman can record her basal body temperature daily and tell that she is in a time of infertility.

And when any of these methods or all are combined in any manner, they are called the sympto-thermal method, and this would be what we particularly teach.

When fertility awareness methods are used to plan and avoid pregnancies, they are called natural family planning. This concept means that when a couple understands fertility, they can use the method both ways. This is one of the few methods of family planning that is used to plan pregnancy as well as avoid pregnancy. All our clients are given instructions both ways.

They understand that when fertility is present, if intercourse occurs the possibility of pregnancy is there, and if the couple would prefer to avoid pregnancy, they are to abstain during the fertile time. And the definition of natural family planning takes this into consideration. That has been adopted by the Department of Health and Human Services.

One of the important parts of this service is that the male as well as the female is instructed in our clinics. For 70 percent of those who come to us for this service, both the man and woman are present. The couple is introduced to the information together.

We have found from our personal experience that that since the mid-1970's, because of increased concern about the risks of certain contraceptives and because of renewed interest in ecological life styles, wellness, self-management of birth, health and fertility, the natural family planning has really experienced a grassroots revival.

One of the most important tasks we see at present is that this information and these attitudes begin to get to the young people of our country. So far we have had very good success in working with schools and parents on sex education that takes fertility awareness and natural family planning into consideration.

Mr. Kambic. I would like to now address some of the questions of our involvement with Federal funding. I would like to make clear, first of all, that we actually provide the service ourselves at the hospital clinic. We supervise a number of sites around central Pennsylvania where the methods are actually taught. So we teach and supervise, besides acting as consultants to a variety of programs around the United States, and in addition to the testimony, there are three points that I would like to bring out.

First point is our own experience with Federal funding just for our own clinic. We have been working for approximately 5 years, and in the past 3 years, we feel that we have made breakthroughs and have been able to receive funding to help provide natural family planning service. We are presently a delegate agency of the Family Planning Council of Central Pennsylvania and participate in title X, title XX, and other funds through the Family Planning

Council. So the first point is we feel that we are in good shape with regard to funding in our own program.

The second point is funding for other private natural family planning providers around the United States. Presently there are only 15 clinics, which I listed, that provide natural family planning services only and that get Federal funding. And there are at least three more, and I think perhaps many others, that would be interested in getting this funding but we find that their applications and their efforts to get funding from title X funds are presently being stymied. They are having difficulty getting money. So there is a difficulty.

The third point we would like to bring up is that we would like to see the proper inclusion of natural family planning into both national and State family planning provider systems including such things as quality standards which are listed in our testimony and recognition by the health care community. We feel that this is presently being done in a rather effective manner.

Our goals include continuing these three tasks: Getting funding for our own clinic, working on getting funding for other private providers, and getting quality standards on a national level. We project that 10 to 15 percent of the people needing family planning will eventually choose natural methods.

We need things such as outreach materials, both visual and written; teacher training materials, along with information on attitudes toward natural family planning; better material about male and female roles in sexuality—things that my wife spoke of. And we need research on things such as who uses natural family planning, why they use it, and information on how to make natural family planning and fertility awareness programs more effective.

I would like to comment on a couple of things I heard this morning. I heard, with regard to the block grants, Dr. Brandt and the gentleman from GAO mentioned that they felt that there would be no change in the family planning funding system if the money goes to block grants and the States are allowed to allocate the family planning resources.

I have polled the 15 clinics listed in my testimony and have received information from other people around the country, and I would have to disagree with the information that you were given this morning.

First of all, in Pennsylvania, the Pennsylvania State Legislature, in the budget for this coming year, wiped out all State funds that would be allocated to family planning, about $350,000, for which they receive a 9-to-1 Federal match, so that the State would get from those $350,000 approximately $3.5 million in Federal funds. That has been completely wiped out, and that is half the family planning budget for the State of Pennsylvania. And probably if block grants go to Pennsylvania, the same thing will be done with any other block grant funds for family planning. It will be wiped out completely. That would be my reading of the situation at present.

Dr. Brandt said that the State health departments constitute over 50 percent of the grantees that get family planning money. In Michigan, the State health department is the grantee, and it allocates funds out to various subgrantees for family planning purposes.

One natural family planning program in Michigan has been trying for over a year to get funds from this grantee, and because they are a natural family planning program, they have been having a great deal of difficulty getting funds from the State health department. One thing that has been keeping them in the battle is help from the Department of Health and Human Services regional office. Otherwise, it is my feeling that this State would completely ignore natural family planning.

I get the same feeling from natural family planning providers in New York State that if the funds, indeed, go to block grant that the State health department will not be interested at all in providing natural family planning services.

There are a lot of different reasons for this that I will not go into right now. But basically, and I mentioned it in my testimony, that if funding does go to block grants, it will probably, on the whole, harm natural family planning more than it will help it, and I can go into the reasons if you would like but I will end my testimony at this point.

[The joint prepared statement of Mr. and Mrs. Kambic follows:]

NATURAL FAMILY PLANNING AND FEDERAL FUNDING
TESTIMONY FOR THE SENATE SUBCOMMITTEE
ON AGING, FAMILY AND HUMAN SERVICES
JEREMIAH DENTON, CHAIRMAN

Presented By: Mary Kambic
Bob Kambic, M.S. in P.H.

Directors, Natural Family Planning
St. Joseph Hospital
Lancast r, PA

JUNE 23, 1981

We are Mary and Bob Kambic, Directors of the Natural Family Planning Service at St. Joseph Hospital and Health Care Center in Lancaster, Pennsylvania. We are very pleased to meet with you today to discuss fertility awareness, natural family planning (NFP) and their relationship to federal funding.

The Department of Health and Human Services (DHHS) has defined NFP as the following: "The use of NFP to avoid a pregnancy denotes abstinence from intercourse during the woman's fertile period. The techniques for recognizing the woman's fertile period are many, the most acceptable being the Ovulation Method (OM), Basal Body Temperature (BBT) Method, and the Sympto-Thermal (ST) Method which incorporates OM, BBT and other physical signs. These techniques are defined as 'Fertility Awareness' techniques".

The key item in this definition of NFP, as well as in other definitions, is the focus on the identification of the signs of fertility. The understanding of these signs of fertility is the breakthrough that is at the heart of NFP. We call this "fertility awareness". The real insight here is not that men and women can control their fertility naturally, but that they can understand it, come to terms with it, respect it, integrate it into their lives, and in general accept it.

Furthermore, the acceptance of fertility begins to reforge the link between fertility and sexuality that has been broken in our modern society. Fertility awareness begins to relink in a dramatic way fertility with sexuality. It allows people, especially women, to come into direct contact with the power of reproduction within themselves and to deal with this power in a way that enhances their personal worth and dignity, giving them the opportunity for individual growth and greater responsibility for themselves. Fertility no longer becomes something to be shunned or to be protected against. It is not a disease or a pathology but a fundamental and profound aspect of our personhood.

For a man fertility awareness means understanding and accepting that from puberty his fertility is constant, whereas the woman's is cyclic. Man must recognize that sexuality and fertility go hand in hand, and that he is the co-equal partner participating in the power of creation with the woman. The man comes to a deeper understanding and appreciation of a woman's sexuality and fertility and learns to look on her as more than just a sex object.

One of our most important tasks is to see that this information and these attitudes begin to get to the young people of our country; so far, we have had success with schools and parents in the effort.

What are these methods on fertility awareness and natural family planning? The first is the Ovulation Method, developed and promoted by a husband and wife doctor team in Australia -- Dr. John and Dr. Evelyn Billings. The cervical mucus identifies when a woman is not fertile and when a woman is fertile. The mucus monitoring methods teach a woman to become aware of her mucus or lack of it by focusing on the sensations in her reproductive area. In addition a woman can also examine her mucus by type, touch and sight.

A second method depending on changes in the cervix itself and popularized by Dr. Edward Keefe of New York City, is actual examination of the cervix. Around the time of fertility, the cervix raises and dilates, and a woman properly instructed can monitor her fertility in this manner.

The third method, the basal body temperature method, has been understood and in use for a longer period of time than the cervix-related methods. A woman must monitor her basal temperature daily until she sees a significant rise in the temperature. At this time she knows that ovulation is past. The combination of these major methods with other minor signs and with the calendar method is called the Sympto-Thermal Method.

When the fertility awareness methods are used to plan and avoid pregnancies, we call them Natural Family Planning. In this mode, a man and a woman work together to understand their mutual fertility and use this information in the context of their relationship. When the couple wants to plan a pregnancy, they simply have intercourse during the identified days of highest fertility. When they want to avoid a pregnancy, they restrict intercourse to those days which they identify as infertile. Thus when we speak about natural family planning, we prefer to deal with the couple as the client, because the fertility awareness methods integrate the roles of the man and the woman so that the man becomes an equal partner in the family planning relationship. He supports the woman in terms of charting her signs and symptoms and accepts abstinence if he wishes to avoid a pregnancy.

The woman with the support of the man becomes comfortable with her cycle - with something that changes every month from infertile to fertile back to infertile. She learns that her body gives personal signals to her that fertility is approaching. She then interprets the changes and develops the confidence that she alone can understand her natural cycles. No one else -- not even the male -- can tell her what she observes. She must do this alone but with the male support.

As a result of her knowledge she becomes liberated with the experience of her own fertility potential and interprets this knowledge to plan and avoid pregnancies. The dynamic of adjusting sexual behavior to this information includes not only her view of herself but of herself in a sexual relationship with a man.

In using NFP a couple exercises their responsibility and learns to discipline their sexual life. They learn that fertility and sexuality are directly linked and that in order to have a full sexual life it is important, as Masters and Johnson have pointed out, that both of them share equally not only sexuality but also fertility and family planning. Although scientific documentation is only beginning, our clinical experience and the clinical experience of many other NFP practitioners in the world lead us to conclude that the practice of NFP strengthens marital communication and assists the couple to a more mature, responsible relationship.

NATURAL FAMILY PLANNING SERVICE

The Canadian national NFP program, SERENA, founded in 1955 was a pioneer in NFP service and not only used couples as instructors in NFP but also recognized the need to have couples as clients. In the mid-1960's the Canadian approach of teams of couple instructors was adopted by newly formed programs in the eastern United States. The development of NFP service programs in the United States was in a latent phase through the 1960's and until the mid-1970's. During that time NFP was identified with calendar rhythm as being ineffective and was promoted only by a handful of individuals. The technological methods of family planning were held to be a sufficient answer to all problems of family planning. In the mid-1970's because of increased appreciation of the risks in the pill and IUD and also because of the renewed interest in ecological life styles, wellness, self-management of birth, health and fertility, NFP experienced a grass-roots revitalization.

In NFP as within other areas of health education and health care, we like to stress the quality of our service. We deal with all kinds of people in every circumstance imaginable -- singles, engaged, newly weds, breastfeeding mothers, separated, and older couples where the woman is pre-menopausal. These people have a spectrum of attitudes to family planning, children, and fertility and come with adjustment and health problems, known and unknown.

Their intentions regarding family planning can be broken down into those wanting the information for fertility awareness only; those wanting a pregnancy, both fertile and infertile; those wanting to delay and space pregnancies; and those wanting no more pregnancies. The NFP service has to take the clients where they are and see to it that NFP meets their stated need. To do just this is not always easy. Furthermore a referral for other service and help is sometimes indicated. In a year long evaluation funded by DHHS, we identified the following as the components of a high quality NFP program:

Guidelines for NFP Instructional Service:

1. Instructor Role
2. Initial Client Visit + Instruction
3. Periodic Abstinence
4. First Follow-Up Visit
5. Method Specific Chart Reviews
6. Continued Follow-Up, Six Months
7. Special Circumstances

Guidelines for NFP Quality Control Measures:

8. Monthly and Periodic Chart Review
9. Unplanned Pregnancy
10. In-Service Training and Continuing Education
11. Client Autonomy Program
12. Instructor Competency

Guidelines for NFP Medical Assessment and Counseler Referral:

13. Health Screening
14. Difficult Monitoring
15. Unusual Discharge, Pain
16. Contact Point Monitoring
17. Clients Wishing to Achieve Pregnancy
18. Counseling Referral

Guidelines for NFP Outreach Service:

19. Outreach Plan and Implementation
20. Training for Outreach Personnel

Guidelines for NFP Record Keeping:

21. Active and Inactive Files
22. Tracking of Clients
23. Confidentiality

Guidelines for NFP Administration:

24. Agency Guidelines
25. Job Descriptions + Personnel Requirements
26. Evaluation

Guidelines for NFP Physical Environment:

27. Safety, Space and Privacy

These conclusions indicate that the NFP program personnel, especially the teachers, must have proper training, and there must be a course of instruction with follow-up and good records of all clients. The program also needs outreach to inform the public of its existence, and it can benefit greatly from good medical, administrative and technical support. Obviously quality also means money.

A quality program will gain a good reputation and attract interest with satisfied clients. Our program has grown from teaching about 50 couples and 20 individuals in its first year to teaching 140 couples and 40 individuals this past year. These are new clients, not recounts from previous years, so that our present case load is over 400 clients with about 160 being actively followed. Besides these clients using NFP for family planning, we have taught fertility awareness to 700 high school students in the past year. National increases in clients coming for service have been estimated at 9% per year.

NFP AND THE FEDERAL GOVERNMENT

In testimony before Congress in the early 1970's family planning advocates supported the use of natural family planning in federally funded programs. However, up until 1975 there were very few natural family planning programs being funded in the United States. In 1975, an NFP advocate said to Congress, "As each year passed we find it increasingly more difficult to identify any of the federal money actually utilized to provide for the natural methods". In 1975 there were over 200 agencies, organizations and individual couples who were providing NFP at the grass-roots level. Often these programs were organized by one or two hard-working volunteers who were attempting to provide service in addition to having families, jobs, and a social life of their own. Considering the level of service necessary for a high quality program, it is obvious that many of these providers needed financial help.

Up to that time the response of HEW to NFP programs requesting money had been that there were no funds available for the natural methods. In 1976, Congress amended the language of the Title X legislation to read that a broad range of family planning methods should be provided by federal funds "including natural family planning". In 1978 HEW reviewed the rules and regulations for Title X to clear the way for funds for NFP services and NFP research. Finally, in 1979 the Lythcott memo defined NFP, NFP services, and options for funding under Title X and made NFP completely equal to other methods of family planning within HEW. In the past two years, it has been much easier to obtain Title X funding for NFP, although there are still situations around the country where at the regional level, applications for Title X funding for NFP programs are stymied.

Presently NFP can be provided under two options. Those NFP programs who have been providing NFP services only and wish to get Title X money are able to apply for grant money. Also, all regularly funded family planning clinics are mandated to provide NFP services as a part of the regular family planning service offered.

Table 1 lists the NFP programs receiving Title X funds and their number of service sites. These programs offer only NFP. Those programs noted as receiving funding are getting from a few thousand to tens of thousands of dollars per year in family planning service money from Title X. There is a total of over $300,000.00 per year spent in direct service for NFP and fertility awareness just in these programs. Most of them are hospital associated and have all the components for quality NFP service.

Table 2 lists NFP research and NFP meetings using Title X Funds made available through DHHS Bureau of Community Health Services (BCHS) and the National Institute of Child Health and Human Development (NICHD). The NICHD estimates it has spent approximately 3.7 million dollars on conferences and research directly related to NFP, and the BCHS estimates it has spent approximately 1 million dollars on conferences and research directly related to NFP.

It is important to emphasize that the research and development money made available at the federal level has enabled NFP to progress significantly. NFP researchers, educators and programs have had many opportunities to meet with each other to discuss developments in the field. Programs have had access to a curriculum for training NFP instructors, scientific verification of women's observations has been completed, statistical studies of NFP effectiveness have shown it to be a reliable method to prevent pregnancies, and guidelines for a quality program have been developed. These are only some of the examples of the scientific progress that has been made in NFP with federal money. This information is available to every NFP program in the United States.

In examining the record, it is obvious that the federal government has taken an interest in NFP and is interested in seeing it promoted and used as a real and effective option for family planning purposes. We would like to ask that in any future plans for federal funds for family planning that this involvement with NFP be continued and if possible, increased.

Since being asked to testify, I have attempted to make contact with all of those NFP programs that provide NFP services only and receive Title X Funding. Almost 90% of the programs I contacted expressed that they are presently satisfied with their relationship with their funding agency and depend a great deal on the federal funding they receive. Many of them are looking for increases in funding in the future in order to help them carry the message of NFP to the people whom they serve. In ask: ; these programs about the possible impact of state bloc grants on their services, most of them agreed that unless NFP services were specifically mandated in the state bloc grant legislation, their funding would be likely to be reduced or cut off at the state level for a variety of reasons. This would certainly lead to a reduction in quality of services, reduction in number of service sites, less out-reach, and less information available to the public about NFP including talks to students and youth about fertility awareness. In general, our clients will not be well-served.

In addition, the expertise available in one state would be lost to the neighboring states. Each state system will end up reinventing NFP service delivery and standards will vary widely.

SUMMARY

Natural family planning is an approach to fertility and sexuality that has just begun a long and upward struggle for acceptance both in the United States and around the world. There is no doubt that after initially shunning it, government funding has helped nurture it through its earliest struggles in our country. Federal funding can be very helpful in the future, as we look toward the growth of NFP programs around the country.

NFP PROGRAMS RECEIVING TITLE X FUNDS FOR NFP SERVICE

Program	Location	Number of Service Sites
St. Joseph Hospital	Lancaster, PA	8
Providence Hospital	Washington, D.C.	2
St. Francis Hospital	Wichita, Kansas	10
NFP Guild of Louisiana	Covington, Louisiana	4
St. Margaret's Hospital	Boston, Massachusetts	11
Providence Hospital	Holyoke, Massachusetts	1
St. John's Hospital	St. Louis, Missouri	?
St. Joseph's Hospital	Albuquerque, New Mexico	2
Family Life Information	Albany, New York	3
Northeast Pennsylvania NFP	Allentown - Reading, PA	5
Erie NFP	Erie, PA	3
Allegheny County CMBBT	Pittsburgh & Western PA	13
Mercy Hospital	Wilkes Barre, PA	4
NFP Clinic	Corpus Christi, Texas	?
St. Vincent's Hospital	Jacksonville, Florida	1

In addition, these programs have indicated that they would like to receive federal funding and have not yet gotten it:

NFP of Michigan	Battle Creek, Michigan	4
Ovulation Method of New York	New York City, New York	1
NFP of Cleveland	Cleveland, Ohio	?

TABLE 1

NFP RESEARCH AND MEETINGS
RECEIVING TITLE X FUNDS
THROUGH
DHHS BUREAU OF COMMUNITY HEALTH SERVICES (BCHS)
AND
NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

Research or Meeting	Funding Agency	Date
Research Conference on NFP Airlie House	NICHD	1972
NFP Bibliography, Curriculum Outline Methods Booklets	BCHS	1975-77
Research on Cervical Mucus & its Relationship to Fertility	NICHD	1976-77-78
CMBBT Computer Studies	NICHD	1977-78-79
Los Angeles Effectiveness Study	NICHD	1977-78
NFP Curriculum, Development & Testing	BCHS	1977-78
CMBBT Computer Studies	NICHD BCHS	1978-79
Model NFP Clinic for Development of Program Guidelines & Standards	BCHS	1978-79
Bi-Regional NFP Conferences to Bring Together the Private Sector and the Public Sector to Discuss Joint Developments in NFP	BCHS	1978-79
Washington, D.C. Meeting	NICHD BCHS	1979
NFP National Needs Assessment	BCHS	1980
Los Angeles Meeting	NICHD BCHS	1981

TABLE 2

Senator **Denton**. Thank you, Mr. and Mrs. Kambic.

I would now ask for the statement of Ms. Leslie Tarr Laurie, executive director, Family Planning Council of Western Massachusetts.

Ms. **Laurie**. My name is Leslie Tarr Laurie, and I am appearing before you today as the executive director of the Family Planning Council of Western Massachusetts, a position I have held since that organization's inception in 1973.

I also serve as president of the National Family Planning and Reproductive Health Association. NFPRHA is a private, nonprofit membership organization headquartered in Washington, D.C., devoted to the improvement and expansion of the delivery of family planning and reproductive health care services throughout the United States.

It is the largest organization in the Nation composed of providers and consumers of family planning and reproductive health care services. Its members are committed to establishing and maintaining reproductive health care as a high priority preventive health care service in this country.

I am pleased that you have asked me to present to you today my perspectives regarding the subject of this hearing, family planning service programs under title X of the Public Health Service Act.

You have my written statement for inclusion in the hearing record. I must state, however, that I am extremely disappointed that this subcommittee hearing is taking place 12 days after the full Committee on Labor and Human Resources approved the preventive health services block grant of 1981 as part of its reconciliation package.

The major purpose of this hearing, as you wrote in your request for me to testify, is to assess the potential impact on programs such as mine of such a shift from Federal categorical funding for family planning service programs to a block grant.

By the committee's actions on June 10, it appears that you have already made a determination that title X should be repealed and that the impact of this action on my program and similar programs will not be major, inappropriate, or harmful.

I am also deeply concerned that while you and your committee colleagues have voted to repeal the national family planning program—a preventive health program—you are planning tomorrow to approve a $30 million categorical program to promote chastity and adoption among already pregnant adolescents.

It also appears, Mr. Chairman, that you have already determined that family planners waste government funds, are responsible for growing adolescent sexual activity, promote abortions as the only alternative for pregnant adolescents and come between parents and their children on issues of adolescent sexuality.

You and Senator Hatch made such charges at the first hearing you held on title X on March 31, a hearing, I wish to note, which was held at the full committee level, and featured a series of severely misinformed witnesses who attacked the title X program with unfounded charges and totally inaccurate statements, while this hearing is only a subcommittee hearing.

In addition, because of the unbalanced nature of the March 31 hearing, you and Senator Hatch promised to hold a second hearing at which informed providers of family planning services could dispassionately and factually and accurately discuss with you what the title X program is all about.

Now, I note that you have scheduled, as we have heard today, other individuals, some witnesses, in fact, whose testimony includes totally inaccurate and ideologically slanted statements which have no relationship to family planning and which slander dedicated providers of family planning services.

Both you and Senator Hatch made such charges again in a letter to the editor of the New York Times on June 15. I cannot stress to you too strongly how very wrong you and Senator Hatch are.

Rather than worsening our national problems surrounding teenager sexual activity, family planning programs have successfully reduced unintended pregnancies among both adolescents and adult women, have encouraged parental involvement in the decisions about sexuality made by their children, offer a broad range of options to women regarding contraceptive methods—from abstinence to birth control pills to natural family planning—and provide counseling on all legal and appropriate options for pregnant women, including prenatal care, adoption, and abortion, so that each woman can make an informed decision as to her best course of action.

You asked in your letter to the Times: "What has America purchased over the last decade from its investment in the title X family planning services program?" Let me briefly give you a few of the successful purchases we have all made.

Between 1968 and 1979, the annual number of patients enrolled in the family planning clinics quintupled from 863,000 to 4.5 million; a total of 5.4 million unintended pregnancies were averted in the 1970's as a result of this successful program, including 2.3 million births and 2.5 million abortions.

As a result, 2.6 million teenagers were enabled to prevent unplanned pregnancies, including 944,000 births and 1.4 million abortions during the decade.

For every Federal dollar or State dollar invested in family planning programs, at least $2 is saved within the next year in government expenditures for health and welfare services; $570 million was saved in the government expenditures in 1980 as a result of the $285 million invested by the Federal and State governments in 1979.

I would now like to address the most onerous charge in your letter, Mr. Chairman. Family planners do not seek to promote their own version of morality or anyone else's version, nor do they attempt to come between parents and their children.

Fifty-four percent of adolescents enrolled in family planning clinics are there with their parents knowledge. Among clients age 15 and younger, that proportion rises to 66 percent, most of whom are attending the clinic at their parents suggestion.

Some clinics, about 20 percent, in fact, require parental consent at least for younger teenagers, but most respect the younger person's confidence if he or she believes, for example, that telling a parent could result in physical or emotional abuse.

Family planning clinics are designed to help young people and poor people who are involved in a sexual relationship to avert unintended pregnancy by providing them with effective means of contraception.

As I have noted, the record of success of this program has been more than adequately demonstrated. As for asserting that family planners believe that abortion is the only logical alternative to pregnancy, that is a statement to which I take great exception.

When a teenager or an adult finds herself pregnant and comes to a family planning clinic, she is not automatically counseled to obtain an abortion. She is given unbiased counseling as to her options: to get prenatal care, delivery of the baby and to keep the infant, give it up for adoption or place it in foster care, or if she does not want to give birth, to obtain an abortion.

And of course, no title X dollars have ever been spent for abortion services.

To provide you with a clear understanding of what the title X program and family planning in general is all about, let me now briefly turn to my own individual program in western Massachusetts.

As executive director of a rather typical family planning program, my experience should help you understand what a local program is, what it does and why it is important for its local community and the people it serves.

The Family Planning Council of Western Massachusetts is a private, nonprofit organization which provides comprehensive family planning services in the 5,000 square miles of western Massachusetts to more than 10,000 clients annually.

Ninety-eight percent of these clients are women. Approximately 90 percent are in need of some form of subsidized care. Half of the funding for the council is provided by the Federal Government under title X.

The family planning council serves a region and a population which might best be characterized as extremely diverse. The region contains Springfield, the second largest city in the State which faces many of the same problems as other urban areas.

It includes a number of smaller cities such as Pittsfield which originally developed around a single industry and which are now attempting to cope with economic decline. Finally, rural areas account for much of the regions geography.

Until the founding of the family planning council in 1973, family planning health services were not readily accessible in much of western Massachusetts.

Much has changed for the better in the region during the 7 years which has elapsed since the family planning council was established. Today the council provides comprehensive family planning medical services to more than 10,000 women at 12 medical service delivery sites scattered throughout the region.

Several of these sites are located in rural areas previously unserved and in several of these cases, the council is the primary health care provider within the area. In 1973, the council was among the first health and social service providers in the region to institute a sliding fee scale.

The council's medical and counseling services include all birth planning methods, pap smears, breast examinations, VD screening, pregnancy counseling, routine laboratory work and pelvic examination.

A referral service is offered for all other health and social services.

The family planning council does more than provide medical services, however. It reaches thousands each year through educational and promotional outreach programs. Health education services include speakers, films and literature on human sexuality and library resource centers. I should also note that, of course, we involve parents in all of the educational programing that the council does.

The Family Planning Council of Western Massachusetts, though, is not atypical. Title X funded programs across the Nation have brought health services to millions of individuals, the vast majority of whom are women who previously had little or no access to health care systems.

Yet while much has been accomplished in the last decade as the result of title X and other programs, much remains to be done. According to statistics furnished by the Alan Guttmacher Institute over 3 million low- and marginal-income women and 2 million sexually active teenagers are still in need of subsidized family planning services.

In western Massachusetts alone, this is 45,000 individuals. A large number reside in rural areas; nearly half are teenagers. Like other family planning programs in Massachusetts, as well as the rest of the Nation, the family planning council has not had the financial resources to reach these women through promotional and outreach efforts let alone provide them with medical services.

The preventive health services block grant of 1981 would, if enacted, drastically reduce the number of persons served by family planning programs at a time when we should be increasing the number served.

In Massachusetts, for example, there are 132,570 teenagers in 1979 who were sexually active and in need of family planning services. In 1980, only 26,454 received those services. If the 25-percent budget cut is enacted, 6,614 fewer teenagers could be assisted in Massachusetts. This is likely to result in over 1,000 pregnancies among this group dropped.

Thirty-four percent are likely to result in childbirth. Since between 18 and 32 percent of teenagers who give birth receive AFDC payments, we can anticipate an additional cost to the Commonwealth of Massachusetts of between $207,828 and $373,488 in the first year for AFDC payments. This is based on the average annual AFDC payment in Massachusetts of $3,012 for a mother and one child.

Senator DENTON. Excuse me, Ms. Laurie. I will permit you to read your statement, although it has taken three times longer than anyone else's. I will have to go vote, and then return.

Ms. LAURIE. I am almost finished, Senator.

These figures with local variations will be repeated in every State and the District of Columbia. The national family planning program has been a success. It has succeeded in helping the people in my area of Massachusetts, and it is supported by millions of people, clients, providers and those who simply believe that freedom of choice of contraceptive methods ought to be provided for all our Nation's people, rich or poor, teenagers and adults.

And in a recent Washington Post poll, 67 percent of the people of the United States concurred that birth control devices should be made available to teenagers. Therefore, I urge this subcommittee and the full Labor and Human Resources Committee to keep the title X program intact as a categorical grant program and not to repeal it and place Federal funding for family planning into a block grant because of misperceptions over what family planners do or what the needs of America's adult women and adolescents are and most importantly because of sincere but misguided attempts to legislate morality and deny everyday reality.

Thank you.

[The prepared statement of Ms. Laurie follows:]

TESTIMONY

OF

LESLIE TARR LAURIE
EXECUTIVE DIRECTOR

FAMILY PLANNING COUNCIL
OF
WESTERN MASSACHUSETTS

BEFORE THE

SUBCOMMITTEE ON AGING, FAMILY
AND HUMAN SERVICES
COMMITTEE ON LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

JUNE 23, 1981

Mr. Chairman and Members of the Subcommittee:

My name is Leslie Tarr Laurie, and I am appearing before you today as the Executive Director of the Family Planning Council of Western Massachusetts, a position I have held since that organization's inception in 1973. I am pleased that you have asked me to present to you today my perspectives regarding the subject of this hearing: family planning service programs under Title X of the Public Health Service Act.

However, I must state that I am extremely disappointed that this Subcommittee hearing is taking place twelve days after the full Committee on Labor and Human Resources approved the "Preventive Health Services Block Grant of 1981" as part of its reconciliation package. A major purpose of this hearing, as you wrote in your request for me to testify, is to assess the potential impact on programs such as mine of a shift from federal categorical funding for family planning service programs to a block grant. By the full Committee's actions on June 10, it appears that the Committee, and this Subcommittee, have already made a determination that Title X ought to be repealed and that the impact of this action on my program, and similar programs, will not be major, inappropriate, or harmful. You are quite incorrect. While I realize that it is probably too late to change the course toward inclusion of family planning in the block grant by the Senate which this Subcommittee and the full Committee has begun, I hope that my testimony today will cause you to rethink and reconsider your position. I also hope that federal support for family planning programs might yet be continued in the form of a categorical grant program such as Title X.

Let me begin the substance of my testimony by discussing why I, and the rest of the family planning community, believe that Title X should be reauthorized by this Congress and why we believe that block grants are not the appropriate mode for federal funding and support of family planning service programs.

Title X, the "Family Planning Services and Population Research Act," is the primary pregnancy prevention program in the federal government. More than half (58%) of all federal dollars for family planning services comes from Title X. These funds help provide services to approximately 4.5 million low-income women and teenagers in every county in the nation through 5,100 individual clinic sites.

Family planners believe that Title X should be reauthorized this year by the Congress as a categorical grant program. The Administration's, and this Subcommittee's, decisions to repeal Title X and to place federal funding and support for family planning services within a preventive health block grant to the states could result in the destruction of the integrity of the family planning system and will be extremely detrimental to the health and well-being of those who rely upon these services.

The rationale for family planners' strong belief in the importance of the Title X program, for our belief that this program, based on its decade-long record, deserves to be reauthorized as a categorical grant program, and for our concern that block grants will be very destructive of the family planning programs currently serving millions of people, is as follows.

Block grants for health and social services have not, in the past, proven efficient in providing preventive health services. Block grants allow individual states to determine whether or not to fund services that should be provided to all the nation's needy citizens, leading to situations where persons in need of services may be denied them because of their state of residence. Block grants erode national standards for provision of services, resulting in less than adequate care in certain areas of the country. Block grants reduce the federal bureaucracy by shifting administrative burdens to 50 state bureaucracies, at a high cost of inefficient duplication. (For example, it is unlikely that fifty individual states and the District of Columbia could administer family planning services through 51 individual offices for less that the $4.6 million total cost of administering these programs at the federal level -- Washington central office and ten regional offices.) Block grants do not provide for comprehensive evaluation of programs and reduce accountability for the spending of federal monies. Block grants are likely to be spent by states in ways acceptable to vocal interest groups, and not for those services designed to assist minorities and lower income groups.

While the arguments against block grants for family planning are strong, in my opinion, the arguments for Title X are even stronger.

Although arguments can be made that some federal programs have high overhead, are wasteful, do not deliver enough direct services for the funding provided, or are not suited to local needs, none of these arguments can be made about the Title X program. As the body with most direct responsibility in the United States Senate for authorizing Title X and assuring that this funding is spent appropriatly, this Subcommittee and the full Committee on Labor and Human Resources should be pleased about the record of Title X family planning programs in the last few years.

Family planning is a national need that transcends state, county or local borders. The high incidences of teenage sexual activity, of unplanned births, of adolescent pregnancy, of venereal disease, of abortions across the country all require a national effort to be brought under control. I know that you, Mr. Chairman, and many other members of the Congress, are extremely concerned about these national issues. Thus, I hope that you can understand why family planners believe that strong federal support and direction are required to assure that every person seeking family planning services receives high quality, comprehensive and competent care, no matter in what state or locality he or she resides.

Title X has been an extremely efficient program. From 1974 to 1979, patient enrollments increased by 137 percent, while funding increased by only 34 percent. The cost per patient per year is only $90 for medical services, contraceptive supplies and counseling. This figure compares most favorably with the cost of care in the private sector where the yearly cost of oral contraceptives alone is $84, in addition to doctor's fees. There is little administrative overhead in Title X. Of the monies Congress appropriates, 95 percent go directly to local programs for the provision of patient services, with the remaining funds reserved for training, information and education, and special project and evaluation programs.

Title X has been a very cost-effective program. A recent study has shown that for every dollar spent for family planning by the federal government, a savings of over $2.00 was achieved the very next year in health and welfare costs. Between 1969 and 1975, the federal government's investment in family planning of $584 million yielded a savings of $1.1 billion to the federal government. In 1980 alone, $570 million was saved in government expenditures as a result of the $285 million invested by the federal and state governments in 1979.

Title X-funded agencies have provided a focus for the provision of all family planning services regardless of source of funding. Agencies funded by Title X have coordinated other federal programs that provide complementary reproductive health care services (Title V Maternal and Child Health, Title XIX Medicaid and Title XX social services) and have been able to assist those whose services were paid for by state or local governments, private insurers or personal fees.

Title X programs do a good job of averting unintended births and concurrently lessening the number of abortions. Studies conducted by The Alan Guttmacher Institute have documented that, during the 1970's, an estimated 5.4 million unintended pregnancies were averted as a result of the Title X program, including 2.3 million births and 2.5 million abortions (the remainder would have been miscarriges).

Up to now, I have discussed Title X from a national perspective stressing the national implications of a federal program. Let me now outline for you what you specifically requested from me: the impact Title X has at the local level. As Executive Director of a rather typical family planning program, my experience should help you understand what a local program is, what it does, and why it is important for its local community and the people it serves.

The Family Planning Council of Western Massachusetts is a private non-profit organization which provides comprehensive family planning services in the 5,000 square miles of western Massachusetts to more than 10,000 clients. Ninety-eight percent of these clients are women; approximately 90 percent are in need of some form of subsidized care. Half of the funding for the Council is provided by the federal government under Title X.

The Family Planning Council serves a region and a population which might best be characterized as extremely diverse. The region contains Springfield, the state's second largest city, which faces many of the same problems as other urban areas. It includes a number of smaller cities, such as Pittsfield, which originally developed around a single industry and which are now attempting to cope with economic decline. Finally, rural areas account for much of the region's geography.

Until the founding of the Family Planning Council in 1973, family planning health services were not readily accessible in much of western Massachusetts. A hospital in Springfield had operated a few Title X-funded clinics, but only since 1971. A DHEW-supported program provided family planning services to residents in the southern end of Berkshire County near the New York State border. But in other areas of the region family planning services were available only to a portion of the women who had incomes below the poverty level, or to those women who could afford to receive services from private practitioners. For instance, in Franklin County, the state's most rural county and the one with the lowest per capita income, federally-subsidized family planning services were available only to those women from families earning less that $4,200 annually. In Hampshire County, which had a population of 125,000, no subsidized comprehensive family planning services were available at all. In no part of the region was there a significant program for preventive community health education around family planning-related issues or much activity in the way of community outreach.

Much has changed for the better in the region during the seven years which have elapsed since the Family Planning Council was established. Today the Council provides comprehensive family planning medical services to more than 10,000 women at 12 medical service delivery sites scattered throughout the region. Several of these sites are located in rural areas previously unserved, and in several of these cases, the Council is the primary health care provider within the area. In 1973, the Council was among the first health and social service providers in the region to institute a sliding fee scale based on income.

The Council's medical and counseling services include all birth planning methods, pap smear, breast exam, VD screening, pregnancy counseling, routine lab work and pelvic exam. A referral service is offered for other health and social services. The Family Planning Council does more than provide medical services, however. It reaches thousands each year through educational and promotional/outreach programs. Health education services include speakers, films and literature on human sexuality and library/resource centers.

The Family Planning Council is not atypical. Title X-funded programs across the nation have brought health services to millions of individuals, the vast majority of whom are women, who previously had little or no access to the health care system. Yet while much has been accomplished in the last decade as a result of Title X and other programs, much remains to be done.

According to statistics furnished by the Alan Guttmacher Institute, over 3 million low and marginal income women and 2 million sexually active teenagers are still in need of subsidized family planning services. There are 45,000 such individuals in western Massachusetts. A large number reside in rural areas; nearly half are teenagers. Like other family planning programs in Massachusetts as well as the rest of the nation, the Family Planning Council has not had the financial resources to reach these women through promotional/outreach efforts, let alone provide them with medical services.

The "Preventive Health Services Block Grant of 1981" would, if enacted, drastically reduce the number of persons served by family planning programs at a time when we should be increasing the numbers served. In Massachusetts, for example, there were 132,570 teenagers in 1979 who were sexually active and in need of family planning services. In 1980, only 26,454 received those services. If the 25 percent budget cut is enacted (and assuming that under a block grant we would receive a full 75 percent of the family planning funds we now receive), 6,614 fewer teenagers could be assisted in Massachusetts. This is likely to result in 1,124 pregnancies among the group dropped from our roles, of which 382, or 34 percent, are likely to result in childbirth. Since between 18 and 32 percent of teenagers who give birth receive AFDC payments, we can anticipate an additional cost to the Commonwealth of Massachusetts of between $207,828 and $373,488 in the first year for AFDC payments. This is based on the average annual AFDC payment in Massachusetts of $3,012 for a mother with one child. These figures, with local variations, will be repeated in every state and the District of Columbia, with the result that upwards of $25,234,994 in increased AFDC costs will occur nationally. That is $25 million more just for teenagers who give birth; the costs for adult women denied continued family planning services are likely to be even greater.

Thus, it makes no sense -- in economic, human or governmental terms — to reverse the progress made in the last decade in the area of family planning by repealing or inadequately funding the central national family planning program. I urge this Subcommittee and the full Congress to support the reauthorization of Title X as a categorical grant program.

Thank you very much, Mr. Chairman, for the opportunity to present these comments. If there is any further information which I can supply to you, I would be most happy to provide it.

I would be happy to respond to any questions you might have.

Senator **Denton**. I am on call for a vote on the Senate floor. I will make the vote and return immediately. We will take a 15-minute recess before we hear from Mrs. Denise Cocciolone.

Fifteen-minute recess, we will have to convene at 5 minutes to the hour.

[Whereupon, a short recess was taken.]

Senator **Denton**. Thank you for your patience.

Mrs. Denise Cocciolone?

Mrs. **Cocciolone**. Thank you, Senator.

My name is Denise Cocciolone. I am from Woodbury, N.J. I am the national executive director for Birthright. Birthright is a voluntary, positive pregnancy service for women of all ages, races, or economic background. We have 400 chapters throughout the United States, 70 in Canada and 4 in South Africa.

Our organization receives no Government funding and serves approximately 100,000 women and girls yearly at no charge to the client.

The services we provide are medical, legal, psychological referral. We also provide adoption guidance through licensed agencies and all the practical items that a girl would need for her child as well as maternity clothing. We have all the material things such as baby clothes and furniture.

As I say, our organization does not receive any funding, and we do provide services that are not otherwise available readily to the girls in our communities.

We also provide educational information to various schools and civic organizations as requested.

Over the last 10 years, we have seen teenage pregnancy reach epidemic proportions. During that time, family planning information and services have increased proportionately. It has been our experience that the lack of use of contraception is not due to ignorance of their availability but due to much deeper rooted problems existing among our young people. They very often use the pregnancy as an answer to their emotional or domestic problems. Obviously, this does not solve their problems but terminating the pregnancy, destroying the child, does not solve them either. Very many times it compounded their problems.

Since our country adopted family planning as a national policy, we have witnessed a constant decline in respect for life in all stages. Man cannot encourage an anti-natal philosophy and expect other stages of dependent and vulnerable life to remain respected and regarded as worthy of protection and care.

In 1970 when I began serving these women, people were questioning when life began. Over the years, many of these same people have conceded that life, indeed, may begin at the beginning, which is conception, but that they have the right to take it if, for a multitude of reasons, they choose to do so.

We believe that title X of the Public Health Services Act should be eliminated. Since it does not provide a specific service which would otherwise be unavailable it is illogical to fund a program which is merely referral.

At a time when the national interest is in savings and redirection, it seems irresponsible to fund a program which provides nothing concrete. Further, we believe that family planning and planned parenthood should be returned to their pre-1970 state.

By its own admission, family planning has not been successful through various forms of faulty contraceptives and in all instances, abortion has been accepted as the backup to contraceptive failure.

Additionally, we must note that section 1008 of the act specifically prohibits the use of family planning tax dollars for abortions.

Teaching children the mere biological aspects of family planning with no genuine sense of responsibility or morality has obviously failed miserably. Those who teach family planning are teaching a negative life attitude which tells women and young girls to do whatever they choose but do not get pregnant. Should pregnancy occur, do not end up with a baby. Regardless of cost to ones' physical or mental degradation, the woman must not end up with a baby.

This type of situation ethic serves only to further the decline of the dignity of women. Women are being exploited in the name of so-called freedom while in reality they are told they are not free to choose life for their preborn children.

It is not by coincidence that the original chart used for the 1970 Family Planning Services and Research Act shows the rise in abortions to be in direct proportion with the use of family planning services. Hence, more contraceptives and their availability equals more young people sexually active which equals more abortions. And the vicious circle continues as the age of sexually active young people decreases and the numbers of them increase thereby creating more clients for the advocates of family planning and the recipients of the act's payroll.

Birthright provides its services at no charge to the taxpayer or the client. In many cases, Birthright is called upon to provide a service that has been denied by the family planning clinic because the client has mentioned the probability of carrying her child to term.

They claim to be prochoice, but that only applies if the choice is death for the baby. If the woman chooses life for her child, neither family planning nor planned parenthood provide any help at all.

We, as taxpayers, therefore, not only are funding family planning and planned parenthood which we oppose but we are paying twice for some services through our own contributions to these nonfunded organizations.

Planned parenthood has declared war on the right to life. That in itself is contrary to the welfare of our Nation. If they choose to wage a war, should we the taxpayers be required to pay for the bullets which are being directed at us?

This so-called declaration of war is being waged against a segment of our society which is least able to combat it, our most treasured natural resource, our children. What are we teaching them if we advise only destruction as a way to cope with their problems? We must show love and concern through constructive measures to our young women and girls. Violence only begets violence, and destroying the preborn infant is the ultimate form of violence. This must not be our legacy to the children who survive this war.

Thank you.

[The prepared statement of Mrs. Cocciolone follows:]

BIRTHRIGHT Inc. (U.S.A.)
1001 N. Broad Street
Woodbury, N. J. 08096
(609) 848-1818

"It is the right of every pregnant woman to give birth, . . ."

June 23, 1981

Senate Subcommittee on Aging, Family and Human Services
Hearings on Family Planning Programs

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Over the last ten years we have seen teenage pregnancy reach epidemic proportions. During that time family planning information and services have increased proportionately.

Since our country adopted family planning as a national policy we have witnessed a constant decline in respect for life in all stages. Man cannot encourage an anti-natal philosophy and expect other stages of dependent and vulnerable life to remain respected and regarded as worthy of protection and care.

In 1970 when I began serving these women, people were questioning when life began. Over the years many of these same people have conceded that indeed life may begin at the "beginning", which is conception, but that they have the right to take it if, for a multitude of reasons, they choose to do so.

We believe that Title X of the Public Health Services Act should be eliminated. Since it does not provide a specific service it is illogical to fund a program which is merely a referral, or middle man, if you will. At a time when the national interest is in savings and redirection it seems irresponsible to fund a program which provides nothing concrete.

Further, we believe that Family Planning and Planned Parenthood should be returned to their pre-1970 state.

By its' own admission Family Planning has not been successful through various forms of faulty contraceptives. And in all instances abortion has been accepted as the backup to contraceptive failure. Additionally we must note that Section 1008 of the "Act" specifically prohibits the use of Family Planning tax dollars for abortions.

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We must show love and concern through constructive measures to our women and young girls. Violence only begets violence and destroying the preborn infant is the ultimate form violence. This must not be our legacy to the children who survive this war.

Respectfully submitted by,

Denise F. Cocciolone

Denise F. Cocciolone
National Executive Director
BIRTHRIGHT Inc. (U.S.A.)

Senator **Denton**. Thank you, Mrs. Cocciolone.

Dr. Hansbarger has an appointment so we will ask his questions first. You made a number of statements to the effect that scientific studies did not back up certain conclusions with which you disagree.

What scientific studies support your own contention that family planning clinics have not contributed to an increase in adolescent activity?

Dr. **Hansbarger**. The references are certainly not in the document which we submitted, but there have been several studies which have appeared in both the JAMA and also in some of the public health publications which indicate that these two problems are not directly related.

And certainly within the populations which have been—that I have been acquainted with, they have been almost two different populations in practical experience.

Senator **Denton**. I do note a gentleman, Prof. Kinsley Davis, a member of the board of sponsors of Zero Population Growth, and I think well known in the milieu, in his report to the U.S. Commission on Population Growth on the American future, he submitted the following statement:

> The current belief that illegitimacy will be reduced if teenage girls are given an effective contraceptive is an extension of the same reasoning that created the problem in the first place. It reflects an unwillingness to face problems of social control and social discipline while trusting some technological device to extricate society from its difficulties. The irony is that the illegitimacy rise occurred precisely while contraception was becoming more rather than less widespread and respectible.

The author of this particular piece is a gentleman by the name of James H. Ford, M.D. He makes a statement here which may be contributory to the dialog which becomes subjective as well as objective and emotional, and I guess justifiably so because so much is at stake.

He says:

> For generations, parents taught their children moral responsibility and gave them the foundation on which to build their own families. The system was not perfect, but it produced infinitely better results than the current programs. It gave children reasons for preserving the chastity and it supported them in doing so until they were mature enough to make responsible use of their sexual faculties. Parents could still do that. Indeed, many parents still are doing it in spite of the general permissiveness around them. But if parents are to be effective in giving their children the moral training they so desperately need, they will have to be supported not undermined by government policies and the medical profession.

There are many different opinions on this, and I was struck in your testimony you seemed to define responsibility and sexual behavior as that which is summed up in avoiding venereal disease and pregnancy.

To the degree that that is what I have seen in many of the agencies supported by the Government in this field and taking note of the fact or of the allegation that Government sanction is an important determinant in helping people make moral choices, I would ask you if you really contend that definition of responsibility and sexual behavior entails, insofar as the Government peer pressure is concerned, the simple summation of avoiding pregnancy and venereal disease. Or should there be some other at least allowed input in Government policy?

Dr. **Hansbarger**. Well, I think Government policy as a matter of fact is arrived at by many inputs so it would not be surprising certainly by the very presence here of those that there will be a result in Government policy as a result of those inputs.

Now, the question of whether a program dealing with family planning can avoid the ripple effect or the overflow involvement in the total families needs including questions of sexuality is not to understand the practice or model of medicine.

This would be a natural situation and must be addressed professionally and must involve all if not certainly the individual responsible for themselves or for their children.

So if it involves again VD particularly and certainly pregnancy which are extremely important to not only the well being of the individual but to a risk factor in many instances in both cases, then it is very appropriate that a program that is available in health care be able to comprehensively address that, not just the matter of contraceptive pills. The program is much broader than that.

Senator **Denton**. Using probably Alan Guttmacher estimates, you have said that 5 million abortions are prevented each year. There are those who are concerned about the doubling of abortion rates among adolescents alone during the last 10 years and with the fact that family planning clinics have a 90-percent abortion referral rate.

Would you care to comment on those contentions?

Dr. **Hansbarger**. Well, I think Dr. Martin addressed to 1 degree the question of the nature of the statistics as related to teenager abortions. I think again we are talking oftentimes about two different populations in my experience.

And as far as the numbers of abortions which are prevented, this is in particular reference to the fact that pregnancies are not conceived, and in many of these cases on the desire of the individual.

The involvement, let us see, the last part of the question was?

Senator **Denton**. Dealt with 90-percent abortion referral rate by family planning clinics.

Dr. **Hansbarger**. I would say that in West Virginia I would have the GAO come into that State and go to every clinic and show me where there's even a 5-percent abortion referral rate. I think that is simply not so and particularly in a rural area such as us.

If we got into the abortion advising business in a rural, fundamental religious program that would go against the grain, this would be devastating to the whole program.

Now, whether those same individuals have access, indeed, to abortion procedures or make that choice, again, may be the same populations but is not necessarily a result of entering in a family planning system.

Senator **Denton**. Thank you very much, Dr. Hansbarger, and I realize you have to make an appointment. Thank you for your testimony this morning, sir.

To Mr. and Mrs. Kambic, has natural family planning proven effective when used by so-called high risk populations as defined by title X?

Mr. **KAMBIC**. I would say that we do not have enough experience with high risk populations and natural family planning. In my opening remarks I said that NFP has been in the United States for just 10 years. The pill has been here for about 20 years. Barrier methods have been here for a longer time. So we are just getting experience in use of natural family planning primarily right now with middle-class people. We really do not have the resources, the teachers and financial resources to take it to high risk populations. So I cannot answer that question.

Senator **DENTON**. Still under a more or less developmental or research or experimental stage?

Mr. **KAMBIC**. Not experimental or research but developmental. The foundation, the knowledge for it has been developed. As Mary indicated in her comments, the mucous method and the temperature method are the ones that are used primarily, and those are soundly, factually based on medical knowledge. The effectiveness rate is about the same as barriers, about 85- to 95-percent effective in avoiding pregnancy in those populations that we have measured it in.

But, again, in terms of the high risk, say, the teenagers or the really low-income people in the United States, it has not been tried. So we cannot really say.

Mrs. **KAMBIC**. I would just add one way that the Government has been very helpful to us is to note that the population in need of terms of natural family planning also includes people who have no other access to the service. If we are the only ones who provide it, even people with higher incomes would have no other resource to learn natural family planning unless they came to one of our clinics. We have had very good, I think, experience in expanding the idea for a population in need to include not only low-income women but also women who cannot get this information elsewhere. They cannot get it from private physicians because the physicians do not have the time or the resources to train them.

We use materials that have been developed through HHS grants. Those materials for training and for our client education have come through funding from the Government, and we feel that we are serving that population that we would call in need regardless of income.

Senator **DENTON**. Do you have any optimism that the same kind of educational campaign you applied at the national level can acquire you respect at the State level?

Mr. **KAMBIC**. Well, it has taken about 5 or 6 years to get the information across at the Federal level that NFP should be included as a regular method along with other methods.

Now, we are talking about starting all over again in 50 different States with 50 different outlooks and things like that. In some areas it may be very easy but as I said, the people that I polled think that it is going to be a long, hard struggle.

Basically, there is still a lot of bias against natural family planning and fertility awareness in the medical community. It is associated with calendar rhythm. It has associations of being not effective. Health care providers do not think that men and women can abstain from intercourse even if that is what they say they are going to do. Professionals do not think that women actually can know their mucous. They think that people will not keep charts. And we have a long way to go to convince people that all this can be done. And as I said and as you picked up, I think we have done this with the Department of Health and Human Services so now they are very supportive at the top level.

Now, we have to go back to the State and reeducate and work through, and if it took 5 years at the national, I would say 5 years at the State. So that is how I would answer.

Senator DENTON. Thank you very much. I will direct some questions to Dr. Hutt. I think there is much philosophy in what you outlined shared by the present administration regarding expectations and, indeed, possibilities for fulfilling expectations which have grown up over the past 15, 20 years or so, that the principal problem facing the social welfare programs of the United States today is whether or not there will be any means by which to contribute to those programs because we are approaching a $1 trillion national debt. This can hardly be smiled away and at best we will be nearing a balanced budget for a given year in 3 to 5 years.

So you are taking the position that this whole business of family planning may not be a fit subject for public policy but should be handled within the private sector, is that a general postulation of what you are saying?

Dr. HUTT. My stand would be that it is not a Federal prerogative. The programs should be handed back to the States and it should be decided in each State.

Senator DENTON. And you made the point that rather than have the tax come to Washington perhaps you should require the States to collect their own taxes and administer their own programs.

Dr. HUTT. Correct.

Senator DENTON. Perhaps that would be an evolutionary process that might take place over the next 20 years in many programs aside from these. I wonder why we have not been able to acquiesce in the responsibility at the State level being equal to that at the Federal level and the monitoring capacity considering the local situation being superior.

I guess it is going to require some change because the States have not even had the prerogative, really, to address some of these social programs in the past and now they are going to have to assume the responsibility over, I hope, or I think, evolving period of time which will move, perhaps, toward what you are talking about.

How would you characterize the ethical standards upheld in most birth clinics today with regard to such issues as parental consent, medical risks associated with various forms of contraceptives, in fact, with just the risk of having intercourse outside of marriage not only with respect to pregnancy but the psychological and personal well-being aspects?

Dr. HUTT. You want me to characterize the way the present clinics are performing?

Senator DENTON. The way it seems to be now.

Dr. HUTT. I really could not give you a good answer, because my experience with the present clinics is very limited. I would assume that they use the latest medical information and it is probably very good as most American medicine is.

Senator DENTON. With respect to referral for abortion and counseling, say, a 13-year-old to use contraceptives, would you be in favor of trying to obtain parental consent?

Dr. HUTT. I think that is absolutely essential.

Senator DENTON. Thank you very much, Dr. Hutt.

I will turn now to Mrs. Cocciolone. What are your current sources of financing and would you seek financing through the various States under a block grant system?

Mrs. COCCIOLONE. At this time, none of our chapters do receive Federal funding. It would be left up to the individual chapter whether or not they wanted to apply for it on a State level.

Our Birthrights are incorporated separately within their States, and that would be up to them if they chose to do so.

Senator DENTON. Birthrights and title X grantees are, in our opinion, working at cross purposes. Would you tell us why you believe that teenagers and others benefit from Birthright as much or more than they do from the work of family planning clinics?

Mrs. COCCIOLONE. We believe it is because we stand behind them with love, truthfully.

Senator DENTON. Excuse me. I did not understand.

Mrs. COCCIOLONE. We believe it is because we stand behind the girls with love and caring, and we do have a long-term relationship with most of our girls as opposed to an initial visit to a clinic to receive contraceptive information.

Working with girls for up to 7 or 8 months during the pregnancy, you have time to get to know them and know their needs and their wishes and what they hope for their futures. Generally speaking they have many more problems than what we see on the surface, which have brought them to the situations in which they find themselves.

I think that during the period of 7 or 8 months when you can work with a girl you get to a point where you can encourage her to seek other kinds of help she may need to remedy other domestic problems she may have in relationship to her family.

Senator DENTON. Thank you very much.

Ms. Laurie, you made a number of comments on legislation which I have introduced in this committee. The legislation is entitled the Adolescent Family Life Act. May I ask, have you read the bill?

Ms. LAURIE. Yes, I have, Senator.

Senator DENTON. I find it difficult to believe the manner in which you characterized it. You appear not to have understood it. There are several services in the bill. Those dealing with chastity are directed to teens. We do not use the word chastity in the bill now.

Those dealing with chastity, which effectively is what it is, are directed to teens before they become sexually active. However, I do not believe that sexual activity is an incurable disease as you apparently do.

Once a young person experiments with or indeed has considerable experience with sexual activity before marriage, there are a number of them who do not continue that. They learn they get burned, they suffer, they do not get happy that way in many cases, and they can decide to abstain from further sexual activity until they are married, a quaint and archaic perhaps to many but nevertheless I believe over the period of all of history essential restraint if we are to remain a nation or to avoid such catastrophies as having suicide the second rated cause of death among teenagers.

All of this has happened in this new environment in which we regard morality as something entirely irrelevant and of absolutely no importance to sexual activity.

So you say family planning is efficient. No one denies that increasing numbers of teens are receiving family planning services at increasing Federal expense, $1.5 billion and 30 percent of that roughly going to the unmarried under the name family planning.

We did recently ask what family planning had purchased for American teens and we have authenticated this. We are not making up statistics. We are trying to go to experts on both sides of this issue.

You would not want to deny that the illegitimacy rates for teens have nearly doubled in the past decade, would you?

Ms. **Laurie**. Do you want me to respond to that or are you speaking rhetorically?

Senator **Denton**. No. I am just asking what I would imagine would amount to a rhetorical question because they have.

Do you deny that teen abortions have doubled in the last 10 years? Or that pregnancy rates for teens have remained about the same despite the massive influx of Federal funds? Or that sexual activity for 16-year-olds has increased nearly 80 percent in the past decade?

Can you provide this subcommittee any authentic evidence that family planning services to teens have improved any of these national and personal problems?

Ms. **Laurie**. Well, what I can speak to is the area of western Massachusetts in which I have directed the family planning program from its inception, and I wouldn't quibble at all with the notion that the issue of teenage sexuality is a serious one, not only for the country but also for the region in which I live.

And there needs to be multiple interventions to assure that the issue of teen pregnancy is arrested, and it seems to me that the family planning program has been astoundingly successful in being able to grapple with this problem.

In western Massachusetts, half of the teenagers who come to utilize our services come because of a pregnancy scare. Happily, only 50 percent of those individuals are pregnant. And what we can then do is talk with those young women about why they are finding themselves potentially in that situation. We talk with them about not being involved in a sexual relationship or being able to provide them with adequate contraception so they won't get pregnant. This seems to me to be an excellent intervention to prevent teen pregnancy.

Senator **Denton**. Well, any specific studies that you have in your possession to show that the title X program has been successful in Massachusetts would be welcome by this subcommittee.

And it might be remarked that getting to girls when they are fearing they are pregnant could be improved upon by getting at them a little earlier with some of these suggestions which is the thrust of my bill and which is not particularly controversial on this committee, although it has been presented in a caricatured fashion in the press and has been quoted by one newspaper after another based on the last quote about how absurd the thing is.

We are not taking any new money to do this bill, and my colleagues have found it fairly reasonable. I hope someday you will, too, Ms. Laurie.

Thank you very much ladies and gentlemen for your patience. I thank the witnesses for their very valuable testimony.

The hearing stands adjourned.

[Whereupon, at 1:26 p.m., the subcommittee adjourned at the call of the Chair.]

OVERSIGHT ON FAMILY PLANNING PROGRAMS UNDER TITLE X OF THE PUBLIC HEALTH SERVICE ACT, 1981

MONDAY, SEPTEMBER 28, 1981

U.S. SENATE,
SUBCOMMITTEE ON AGING, FAMILY AND HUMAN SERVICES,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:05 a.m., in room 4232, Dirksen Senate Office Building, Senator Jeremiah Denton (chairman of the subcommittee) presiding.

Present: Senators Denton and Weicker.

OPENING STATEMENT OF SENATOR DENTON

Senator DENTON. Good morning.

I would like to welcome both witnesses and guests to this fourth oversight hearing on title X of the Public Health Service Act. Contrary to the President's request, the title X program has just been reauthorized by the Congress for 3 additional years. Therefore, I believe it is doubly important for this subcommittee to continue to examine the effectiveness and quality of this, the Federal Government's largest family planning program.

Today, the subcommittee will have an opportunity to review a portion of the education and information materials produced under the authority of section 1001 and 1005 of title X. Specifically, this hearing will concern itself with representative samples of model curricula guides and implementation manuals produced in the period 1972-81. Those years represent the lifespan of the title X program. These guides are as follows:

First, "A Model Education Program To Prevent Venereal Disease and Premature Parenthood;" that is the long title; the short title is "Project Teen Concern." It was produced between 1972 and 1976 by Planned Parenthood Alameda/San Francisco for junior and senior high teachers, professionals and community members at a cost of $211,200. There are 3,600 copies in circulation.

Second, "A Model Education Program for Adolescents and Parents (A Decision Making Approach to Sex Education: A Curriculum Guide)." It was produced by Planned Parenthood Alameda/San Francisco in 1977 and 1978 for use in community agencies at a cost of $63,953. There are 2,300 copies of the guide in circulation.

Third, "Family Life Education: A Model Program for Adolescents (A Problem Solving Curriculum for Adolescents (Ages 15-19)) and Five Trigger Films." It was produced between 1978 and 1981 by Planned Parenthood Center of Memphis, Tenn., for high school teachers and youth agency counselors at a cost of $285,000. There are 875 copies in circulation.

Lastly, "Family Life Education Program Development Project (Family Life Curriculum Guide-Junior High and Senior High Program)." It was produced by Planned Parenthood of Santa Cruz, Calif., between 1978 and 1982 for use with teachers and community groups at a cost of $611,866. There are 500 copies in circulation.

These four projects cost $1.2 million and are the only major curricula guides that the Office of Family Planning has produced under the authority of title X in the last 10 years. Generally, these guides have been and are being used as a part of programs that encourage school districts, youth agencies, and other interested groups to undertake a sex education and family life program that includes curriculum development, teacher training, development of community support and provision of resource guides. While the title X program does not have specific mandate to provide sex education, the program may, by law, produce and distribute family planning and population growth material.

The guides of interest to us today are in use in California, Tennessee and Maryland and also are available through the Department's National Clearinghouse for Family Planning Information.

In an effort to determine the quality of instruction and content represented in these federally sponsored curricula, the subcommittee also has invited three distinguished members of the mental health community to review their content and critique them on the basis of the following criteria: First, educational merit; second, appropriateness for the designated age group; third, psychological implications; and fourth, overall quality of both content and design.

Lest there be any misunderstanding, I would take this opportunity to say that I am a supporter of family life and sex education. I would hope that the projects which the Government funds would be of the highest quality, and since part of the duties of this subcommittee is oversight of title X, we are looking at the only four sex education curricula they have developed. I know of no other way to exercise this responsibility.

In the coming months this subcommittee will be undertaking a larger and more comprehensive examination of the subject of sex education. I hope this small hearing today will encourage a continuing dialog in this regard and lay the groundwork for future hearings.

We expect Senator Weicker later, but in view of our starting time of 9 o'clock, and another hearing which I must depart to attend, we have gone ahead and started, and I will welcome the Senator from Connecticut when he arrives. In the meantime, he does have staff here, and we will have other Senators, or staff members of the Senators here this morning.

I have made a brief opening statement, and any other Senator who comes may choose to do so, and I will permit them that opportunity later.

I would like to welcome Dr. Harold Voth, Dr. Jarina Galler, and Dr. Gerald Stechler here this morning, and I will ask them to come forward, please. They will be our only panel of witnesses today.

I look forward to a thorough and professional discussion of the materials that this panel has been reviewing for the Subcommittee. They have had these materials in hand for some time, and this has given them a careful perusal.

Mrs. Eunice Kennedy Shriver has been ill, and very much regrets that she will not be able to come this morning. We will probably have her at a subsequent hearing.

I do appreciate very much Dr. Voth's, Dr. Galler's, and Dr. Stechler's efforts in the interest of our Nation's well-being, and I look forward to hearing your remarks and responses to questions.

Your written statements will be included in the committee's records in full. We do ask that you summarize your testimony, your opening testimony, in 5 minutes. I shall hold all questions until all three of you have finished your statements, and as questions are directed at one person I hope the other two will feel free to share their views.

I will start from my left to right. Rather than give their credentials, I will ask them to introduce themselves.

Dr. Harold M. Voth will commence this morning's testimony.

STATEMENTS OF HAROLD M. VOTH, M.D., CHIEF OF STAFF, VA MEDICAL CENTER AND FACULTY, MENNINGER SCHOOL OF PSYCHIATRY, JANINA GALLER, M.D., ASSOCIATE CHAIRMAN, DEPARTMENT OF CHILD PSYCHIATRY, BOSTON UNIVERSITY; AND GERALD STECHLER, Ph. D., CHAIRMAN, DEPARTMENT OF CHILD PSYCHIATRY, BOSTON UNIVERSITY, A PANEL

Dr. Voth. Senator Denton, I am Chief of Staff of the Veterans Administration Medical Center, Topeka, Kans.; I am clinical professor of psychiatry, University of Kansas School of Medicine, and I am on the faculty of the Menninger School of Psychiatry, Topeka, Kans.; and I am a rear admiral of the U.S. Navy Medical Corps.

Senator Denton, members of the Senate Subcommittee on Aging, Family and Human Services, I am honored to have the opportunity to testify before you on the material entitled, "Sex Education: Review of Curricula Guides, Produced Under Title X of the Public Health Services Act." The face sheet of the material I reviewed began with the title, "A Decision-Making Approach to Sex Education: A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents." The target audience apparently are young people, 15 to 19 years of age. I note that the budget for these proposals amounts to $1,272,109, and I also understand there are 16 other similar projects.

The section of title X, the spirit of which addresses the issues of family planning and population growth, is the authority under which these manuals and programs were developed. Translated into simple terms, the phrases, "family planning and population growth information," refer to birth control and the associated issue of venereal disease.

The material I reviewed covers an enormously wide spectrum of topics. These include anatomy, physiology of sex, venereal disease, forms of sexual behavior, personality theory, issues pertaining to gender identity, sex role, marriage, parent-child relationships, self-esteem, self-image, self-concept, decisionmaking processes, values clarification, group processes, psychotherapeutic processes, esoteric issues such as "adult astrology chart" and "social atom," psychodrama, role playing, instructions allegedly designed to guide the psychological processes during the transition from adolescence to adulthood, and problem solving, et cetera.

These complex issues which cover much of what defines the human condition are placed in the hands of teachers and others, many of whom are neither personally nor professionally qualified to provide guidance for developing young people. These are awesome responsibilities, and I do not see how these widely diverse topics can be subsumed under the mandate of title X. The designers of these programs, as far as I can tell, got carried away unwittingly or by design, and developed programs which do not make sense in terms of title X nor do they have any place in our schools. The latter remark is based on my understanding of personality growth and functioning as a result of 30 years of psychiatric and psychoanalytic experience.

The focus of these manuals emphasizes complex matters of personality much more heavily than the transmission of well-established facts about sex, reproduction, birth control and disease.

The methods for addressing the wide range of subjects are largely group processes, some of which are used in other settings as psychotherapeutic techniques. I refer to guided phantasy, sensitivity training, gestalt therapy, group therapy.

The so-called values clarification process is the basis for the design of these projects. The project authors admit that the student must identify with his/her teacher if these techniques are to be effective. Values clarification allegedly is a method designed to help the student think and understand the basis for his decisions. Inherent in the values clarification movement is the claim that anyone's values are as good as any other person's and that there are no absolutes.

A careful reading of resource material reveals subtle and at times outspoken advice to the student to challenge all the existing values of the established system. One of the exercises reviewed for this hearing advocates the adolescent establishing complete autonomy—independence—from his family. The result of the exercise is that the student is misguided away from those solid values which have evolved over the centuries and have stood the test of time and experience. Young people are not born with inherent wisdom. Wisdom comes through experience. The young are best guided by learning from the past and present and then building upon those values and experiences. In this way, progress is made; the young build upon the past and at times discard elements of the past when experience dictates.

Since even the values clarification process depends upon the student's identification with the teacher, this process provides a ready means by which the values and personality of the teacher will influence the young over and beyond that which occurs during the typical classroom process. This is no small matter. Aspects of the human condition, some of which are clearly pathological, can thereby be transmitted to the young. Similarly, the very content of the manuals under discussion permits the introduction of abnormal values to the student. For instance, "If I couldn't masturbate or have heterosexual sex, would I try homosexual sex." This values clarification exercise introduces the idea of homosexual sex in a subtle way. Since an admired person—the teacher—is the group leader, the naive or troubled youth might get the idea that sex with a same sex person is acceptable. Values clarification exercises introduce a great number of possible experiences to students who otherwise might never have thought of carrying out such behavior. At certain phases in life, ignorance is preferable to the premature introduction to what all is possible in life.

Of course the young need values and they should understand them. They should be taught civilization's best values and examine them and not be led to believe that all values are of equal value. Once they have fully matured, they can challenge existing values to their heart's content.

However, I do not believe the values clarification process belongs in the schools, and such programs should not be developed and financed by the Federal Government. To have done so under title X is a deception and widely overstepped the intent of title X.

There is a place for sex education and so-called family planning in the schools. Unfortunately, many families do not adequately inform their children as regards the facts about sex, reproduction, and venereal disease. These subjects should be entrusted to experts—physicians—who can explain sexual anatomy, physiology and some aspects of the psychological meaning of sexuality, the ABC's of reproduction and the facts about venereal disease to school children. The classes should be formal, factual and cast in the most simple of terms.

To extend the arm of the Federal Government into the complex issues listed at the beginning of this critique is a serious error and a gross misuse of Federal moneys. Human development, family life, values people live by, are interrelated variables which progress best within the context of a free society. Traditionally, the church has been the guardian of those values which have guided the human spirit through the ages. Some of those values have changed, or have been interpreted more broadly, and will continue to do so through a slowly evolving process, while others will remain unchanged.

Now, here I am addressing the broad issue, not just the ordinary sexual issues that the title refers to. On balance, the more fundamental values of society are far safer in the hands of the church than in the hands of the State where militant, aggressive individuals can have their invalid ideologies written into law or imposed upon well intentioned Federal guidelines such as title X.

The manuals I have reviewed are, I repeat, a gross misapplication of title X. The so-called sexual revolution in our society is just that—it is a revolution which is being led by a small number of militant, rebellious, personally and sexually disturbed individuals who are sufficiently clever to impose their views on the unsuspecting. I believe much of the content of the manuals I reviewed derives from this revolution.

I recommend the programs I have reviewed be scrapped. They are nothing more than a flagrant violation of the spirit of title X and the implementation of a false ideology which has little understanding of the human condition, how it functions and grows and which misguides rather than guides.

Teaching the young the ABC's of sex, reproduction, and disease is important and should continue, but what I have reviewed is a travesty, with but a very few exceptions, where certain facts about reproduction are alluded to.

Thank you.

Senator **Denton**. Thank you, Dr. Voth.

Dr. Galler.

Dr. **Galler**. Senator Denton, my name is Janina Galler. I am the associate chairman of the department of child psychiatry at the Boston University School of Medicine.

I am a practicing child psychiatrist, and have had extensive clinical experience, both with young children and adolescents, and have spent the greater part of the past 15 years involved in research identifying conditions which foster the healthy emotional growth and development of both young children and adolescents.

Accordingly, I appreciate very much the opportunity of being able to share with you and the committee some of my thoughts concerning the curriculum guides provided under the title X programs.

Let me begin by stating that from my point of view, I believe that sex education is an extremely important part of the adolescence experience, in that it is a very sensitive issue that must be treated with great expertise and insight, in order to influence positively the future growth and development of the adolescent into a healthy and competent adult.

I wish to comment on four major considerations relative to the curriculum guides which we were asked to review.

First, with respect to the content of the programs, my opinion is that the content provided in the current curriculum guides are much too sophisticated for the level of emotional maturity present in this age group. It is important to be aware of the fact that while the factual evidence in the guides may be correct, the information provided is highly charged and inappropriate for the younger adolescent. As Dr. Voth has also suggested, this is likely to be damaging.

The material provided may create misperceptions and anxieties, even though this is not the fundamental intent of the title X programs.

For example, in one of the guides, I noted that a complete lecture was devoted to describing three stages of labor during the delivery of young infants. This material is not appropriate for most junior high school students.

May I add that in my own training, this information was not made available until my senior year of medical school, when I was forced to deliver young infants.

Second, my key criticism of the current programs is the failure to adequately involve families. There is not a single curriculum guide that is provided to us to review, which does not mention, at least in theory, the importance of the family, and the importance of the involvement of parents in the sex education curriculum of adolescents.

Nevertheless, I fail, on careful analysis of the material, to find any evidence, (a) that there has been an adequate inclusion of families in the preparation, implementation and evaluation of this

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material. And, (b) though most of the programs noted that maximal involvement of parents was a difficult goal to achieve, there was little attempt on the part of any of the programs to venture out into the community and encourage involvement of parents to a greater extent.

It is well known, not simply in the area of child development, but for any professionals who work with children, that parental response and support is necessary in helping all children develop future and current sexual behavior and attitudes.

One of the major points of the curriculum guide is the emphasis on the independence of the adolescents from their parents, and therefore the importance of having a location to express interest and curiosities about issues concerning sexuality apart from the home.

However, let me underline, based on the literature and information available in child development, that adolescence is a time of emerging and developing independence. It has not yet been achieved, and parents are important facilitators of such ultimate independence. To believe that adolescents are in fact independent and capable of absorbing the material emotionally on their own, is an error from the point of view of our understanding of child development.

I would also like to add, that our experience with other intervention programs have demonstrated the crucial role of parents in the ultimate success of such programs with respect to child development.

I should like to point to another program, which has previously been considered by the committee, namely, Project Head Start. It is now known that those Head Start programs that had greater parental involvement were the ones that were successful in fostering long-term benefits for the children. There is a direct correlation between the amount of parental involvement and the ultimate success of the Head Start programs.

Even though we are now dealing with the adolescent age group, I would like to suggest that based on our previous efforts that increased parental participation which should be not only encouraged, but should be the major focus of many of these programs. Sex education programs are not only likely to be beneficial, but is an essential part of transmitting this information.

My third point relates to the evaluation and monitoring of sex education programs. First, it is my understanding that an overall evaluation of the sex education programs under title X, has not as yet been undertaken by the Department of Health and Human Services.

This type of program is extremely important to the development of adolescents, and it is critical that ongoing evaluation and monitoring be available. This is particularly true because societal approaches to adolescent sexuality have evolved and changed drastically over the past 10 years. The rate of adolescent sexual activity has increased dramatically in the past 10 years and, as a result there is an enormously high rate of adolescent pregnancy. This means that our approaches to the fundamental issues of adolescent sexuality also require evolution and change. This cannot be adequately undertaken without ongoing evaluation of existing programs.

With respect to evaluation, I would also like to mention that I found the specific objectives of the programs under title X, to be extremely unclear, and consequently, any evaluation would be extremely difficult.

Finally, I should like to make a comment with respect to the type of experts that are required in the planning, the development, the implementation, and the evaluation of these programs. On reading the first and second and third pages of the curriculum guides, the participation of the wide variety of experts limited to the area of sex education was noted.

This complicated and extremely relevant issue requires the participation of professionals with expertise in a wider set of areas. The role of child development and child psychiatry experts is crucial to the understanding of the kinds of materials that adolescents can handle, and the ultimate impact of these types of programs. Physicians must be involved to a greater extent from the point of view of factual accuracy available in the curriculum.

The parents must also be involved from the onset. Unless parents have their involvement from the point of view of planning adequate choices for their children, these programs will have little, if any, useful impact.

In addition, I believe strongly that religious leaders should also be involved in the planning, development and implementation phases of the sex education programs. It is important to obtain a wide variety of input from those individuals who, up to this point, and in the future, have probably the greatest impact on families and children in America.

Therefore, I would strongly advocate a multidisciplinary team approach to these types of programs, which is a shortcoming in the current title X guides.

I should like to conclude by stating that education in the development of one's personal sexuality, physically, emotionally, and ethically, is an important part of helping adolescents to become well adjusted adults in our society.

I have presented four major areas of concern relative to the currently available curriculum guides. I should like to make a final comment. I believe that the adolescent family life program, which you have proposed, and which has been approved, should provide an appropriate setting for implementing such approaches and modifications in the sex education of adolescents.

I thank you.

[The prepared statement of Dr. Galler follows:]

TESTIMONY JANINA GALLER, M.D., ASSOCIATE CHAIRMAN, DEPARTMENT OF CHILD PSYCHIATRY, BOSTON UNIVERSITY SCHOOL OF MEDICINE

My name is Janina R. Galler, Professor of Psychiatry at the Boston University School of Medicine, where I am Associate Chairman of the Department of Child Psychiatry. In this capacity, I have had a longstanding commitment to promoting conditions which foster the emotional growth and development of young children and adolescents.

I have been invited here today to review selected curriculum guides in sex education, currently funded by the Department of Health and Human Services and in use in school systems across the country. I have been asked to review the educational merit, age-appropriateness and, in particular, the psychological impact of these materials on adolescents. Accordingly, I will address, from the perspective of adolescent emotional development, the merit of the currently available guides in sex education and recommendations for alternative approaches.

Puberty involves much more than physical and hormonal development. It has long been recognized (Tanner, 1962) that intense and prolonged emotional changes not only accompany physical maturation, but even precede these changes and last for long periods after phsyical growth have already been completed. Furthermore, there are cultural and socioeconomic correlations of puberty, which also contribute to evolving adolescent sexuality.

Sexual development during adolescence is, therefore, a long-term process in a continuum, including physical, emotional and environmental components, all of which are interrelated. Any legislation concerning adolescent sexuality and, in particular, legislation directed toward educating adolescents about their emerging sexuality, needs to consider these multiple components.

Since 1972, funds under Title X have been allocated to establish national programs in schools to educate junior and high school students on different aspects of sexuality. The curriculum guides which we, as experts in behavioral development, have been asked to evaluate, were developed under Title X funding. I now wish to review selected observation concerning these guides that should prove helpful in planning new programs and legislation.

First, the content of the programs, particularly those offered to junior high school students, is too sophisticated with respect to the levels of emotional maturity present in this age group. Thus, certain of the information is highly charged for the younger adolescent and is likely to overwhelm him/her and create misperceptions and anxieties, even though this is not the intent of the educational program. For example, in one of the guides, a complete lecture is devoted to the three stages of labor during the delivery of an infant. This material is not appropriate for most junior high school students and is best presented at a later time.

Second, many of the curricula provide facts about teenage sexuality without addressing the necessary conditions within which the adolescent may use and understand these facts, namely the attitudes and support networks available within individual families. Thus, parental response and support is necessary, particularly for younger adolescents, in helping them develop their sexual behavior and attitudes. Even though one of the major tasks of adolescence is the development of an independent identity (Blos, 1970), this process is facilitated by parents who can, at the same time, support the developing independence and also give the adolescent the necessary sense of security by being protective when necessary. Thus, with respect to sex education, parents should provide a set of values within which the adolescent may apply the information he/she gains from school and societal sources.

Examination of the curriculum materials provided shows very little, if any, emphasis on parental involvement, either in the development of the programs or in the actual teaching of the material. Our experience with other types of intervention programs for younger children, namely Project Headstart, confirms that a positive and enduring impact on the psychological development of children was a direct outcome of greater parental participation in the different programs. Thus, programs with more parent-child contact had better results (Zigler and Valentine, 1979). In the case of sex education in adolescence, increased parental participation is also likely to be beneficial, and this might take the form, for example, of parent groups.

Third, ongoing evaluation and monitoring is not adequately addressed in the guides. It is my understanding that an overall evaluation of sex-education programs in the United States has not, as yet, been undertaken under Title X, nor was baseline data obtained prior to the start-up of these programs. Since societal approaches to adolescent sexuality have changed drastically in the past ten years, one must monitor the programs in response to these changes.

Such evaluations should consider the following issues, among others:

(a) Impact of the program on adolescents and their families;
(b) Appropriateness of the content to different age groups;
(c) Educational needs related to socioeconomic, ethnic and cultural differences;
(d) Quality of teaching;
(e) Cost-effectiveness; and,
(f) Ability of the program to reach high-risk groups.

It must be underlined that the specific objectives of the sex-education programs must be better defined than those presented in the guides. This, in turn, will permit clearer identification of the outcomes to be evaluated, namely program impact.

Fourth, the planning, development, implementation, and evaluation of sex education programs must involve experts in different disciplines in order to adequately address factual content of the teaching materials, impact of adolescent emotional development, and the role of the family. Thus, interdisciplinary teams, including parents, educators, child psychiatrists, physicians, and religious leaders should be responsible for programs in sex education at different stages of program implementation. The current curriculum guides made available for this hearing credit individuals in the sex education field, and do not appear to have relied on the expertise of a broader set of professionals.

In conclusion, education on the development of one's personal sexuality, physically, emotionally and ethically, is an important part of helping adolescents to become well-adjusted adults in our society. By presenting four key issues for review in existing sex education programs, I have hoped to contribute to the development of new approaches in this area. The Adolescent Family Life Program should provide an appropriate setting for implementing such approaches to sex education for adolescents.

Senator **Denton**. Thank you, Dr. Galler, and before asking Doctor Stechler for his opening statement, I should like to welcome my esteemed colleague, my frequent tennis partner, the senior Senator from Connecticut, Senator Weicker.

Senator Weicker, do you have any remarks you would like to make?

STATEMENT OF SENATOR WEICKER

Senator **Weicker**. Mr. Chairman, I have a statement which I will ask to be included in the record at this time, and I look forward to further testimony from your witnesses.

Mr. Chairman, you are to be commended for your decision to hold hearings on the important and timely issue of family life/sex education. The need for such instruction is abundantly clear to all of us who have children or who are in contact with young people. Research findings reinforce this point: Almost 80 percent of the 1.1 million teenage pregnancies are unintended and the major reason cited by unmarried teens for their failure to use contraception is that they think they cannot become pregnant; half of the pregnancies to unmarried teenagers occur within the first 6 months of sexual activity; one-fifth occur in the first month. This is primarily because teenagers fail to use effective contraception until they have been sexually active for about 9 months; and most teenagers obtain information about human sexuality and related topics from their peers—a notoriously inaccurate source—because, as a society, we fail to provide them with relevant information through family, schools, churches, health agencies, or other means.

Yet, little is known about how many young people receive family life/sex education, what is being taught, who provides instruction or how effective it is. I hope that in the course of these hearings, Mr. Chairman, we will examine the research in this field and will hear from a broad spectrum of individuals and organizations who provide family life/sex education as well as from young people themselves. This would provide a foundation to determine if and how the public sector might intervene.

As I understand it, a major focus of today's hearing is the role of the title X family planning program. As you know, Mr. Chairman, I believe the family planning program is one of the Federal Government's finest preventative programs, with a decade-long track record of meeting community needs in a sensitive and cost-effective manner.

We are well accustomed to hearing about the title X medical service program and the closely related reproductive and contraceptive research activities. Little attention has been paid, however, to the information and education activities authorized under section 1105. Perhaps this is not surprising since, with fiscal year 1981 appropriations of only $800,000—the largest to date—the information and education program comprises only one-third of 1 percent of the entire title X appropriation. Yet, this is probably the single major source of Federal funding for education related to human sexuality, reproduction, and family planning.

It is particularly gratifying, therefore, that the few programs supported with title X funds appear to have been enthusiastically received at the local level. I have in hand—and request that they be made a part of the hearing record—some 100 testimonials from churches, schools, community agencies, physicians, and private individuals, including high school students. One California school district wrote:

> Just a note to let you know how well the Family Life Education Program has gone here in Alameda. I have talked to people in all of the schools who have participated to date. They all liked the materials and are particularly gracious in their praise of the inservice training they received. So much so, in fact, that they are asking for additional training and suggesting training for other people as well.

Another:

> We are looking forward to implementation of the program in our district. The fact that your units are so easily adaptable and have been tested with teachers, parents and students has saved our district the time and expense of curriculum development and allows us to offer an effective program to our students.

Those responsible for developing the federally funded family life/sex education programs went to great lengths to design curriculums which would meet adolescent's needs while also conforming to community standards. They consulted with advisory committees broadly representative of the community—including parents, clergy, physicians, educators and others—they encouraged parents to review the curriculum and materials before enrolling their children; they provided for children to be excused from participation in the program, at their own or their parents' request; and, in some instances, they developed special educational programs for parents, to help foster family communication about human sexuality.

Mr. Chairman, I consider myself unqualified to pass judgment on the substance of the title X-funded curriculums—I leave that to local educators and parents—but I believe it is imperative that education in this delicate area be locally controlled, with extensive participation by parents in developing the program. From that perspective, these programs must be considered models.

Mr. Chairman, I ask unanimous consent that the letters in support of the program be included in the hearing record.

Thank you, Mr. Chairman.

[The letters referred to and additional material supplied for the record follow:]

September 25, 1981

Senator Jeremiah Denton, Chairman
Subcommittee on Aging, Family & Human Services
4230 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Senator Denton:

We, the undersigned, are encouraged that the vital issue of family life and human sexuality education is the subject of a September 28 oversight hearing of the Subcommittee on Aging, Family and Human Services but disappointed that you did not invite to testify any organizations which directly provide services to youth.

The overwhelming majority of Americans support human sexuality education - 77% of adults according to a 1977 Gallup poll. The federal government's policies and programs should reflect the public's interest in this area. Furthermore, the lack of knowledge of human sexuality clearly contributes to the problem of unintended teen pregnancy - 7 out of 10 sexually active teenagers who did not use contraception believed they could not become pregnant (Shah, Zelnik and Kanter, '75).

Adolescent family life and human sexuality education is an important factor in enabling youth to be responsible and in addressing the problems of unintended pregnancies. To meet the individual needs of adolescents and their families, a variety of approaches is required. Recognizing that families should be the primary source of information for adolescents, we believe that schools, churches, health, mental health and social agencies also have a responsibility. No single method adequately addresses the needs of all individuals in all communities.

Our organizations may have different approaches to family life and human sexuality education but we share a common belief when serving youth and families - local community needs should, as much as possible, be reflected in materials disseminated in the community. For this reason we are pleased to note that in each instance that the federal government has paid for development of sexuality education materials, a local citizen advisory group incorporating a variety of individuals and organizations has been involved in that process. Where local citizen advisory groups help develop family life and human sexuality education materials appropriate to the needs of their own community, the Congress should recognize that this local review likely contributes to successful program implementation.

We sincerely hope you will consider these views in your deliberations.

American Academy of Child Psychiatry

American Home Economics Association

Center for Population Options

Child Welfare League of America

Future Homemakers of America

Girls Clubs of America, Inc.

Joseph Leonard, Director, Educational Ministries, American Baptist Churches

Lee Moore, Secretary, Young Adult Ministries, United Church Board for Homeland Ministries

National Association of State Boards of Education

National Board, YWCA of the USA

National Congress of Parents and Teachers (PTA)

National Council on Family Relations

Rev. G. William Sheek, Director, Office of Family Ministries and Human Sexuality, National Council of Churches

United Neighborhood Centers of America, Inc.

Church of St. John the Baptist
216 Oakland Ave.
Capitola, Ca. 95010

November 21, 1978

Mr. Steve Bignell
Planned Parenthood of Santa Cruz
212 Laurel St.
Santa Cruz, Ca. 95060

To Whom It May Concern:

I am writing to encourage continued funding for Planned Parenthood of Santa Cruz.

During the past year we have received information and leadership assistance from Planned Parenthood for a seminar on human sexuality given at St. John's.

We are currently planning an ongoing seminar to deal with the broader subjects of human sexuality, especially the development of communication skills. We are counting on Planned Parenthood to provide facilitators for this effort to begin in February 1978.

I would be happy to answer any further questions regarding Planned Parenthood.

Sincerely yours,

Kirk Gardner
Chairman, Education Commission

cc: Fr. Mikkelsen

HEALTH SERVICES AGENCY

COUNTY OF SANTA CRUZ

P.O. Box 962
Santa Cruz, CA 95060

October 3, 1978

Mrs. Patricia Martinelli, President
Board of Trustees
Pajaro Valley Unified School District
165 Blackburn
Watsonville, CA 95076

Dear Mrs. Martinelli:

The Santa Cruz County Child Health Advisory Board is a State mandated board comprised of parents and professionals who are concerned with identifying and meeting the health needs of children and youth in Santa Cruz County.

The Child Health Advisory Board has reviewed this proposed Family Life Education curriculum and strongly endorses this approach to meeting the need for family life education in secondary schools. The Child Health Advisory Board urges your Board to support this curriculum and to approve it for use in school districts as soon as possible.

Sincerely,

Mary Larson

MARY LARSON, Chairperson
Santa Cruz County Child
Health Advisory Board

ML:JM:mn

SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT

DR. DONALD A. RHODES
Superintendent
(408) 336-2241
WILLIAM F. MITCHELL
Asst. Superintendent
Business Services
(408) 336-2201

POST OFFICE BOX 398
BEN LOMOND, CALIFORNIA
95005

November 30, 1977

To whom it may concern:

The Santa Cruz County Planned Parenthood has offered some of the finest teacher education programs I have ever attended. (I have attended three programs over the past three years.) Each session was extremely valuable in that I have always gained infromation or methods that I was able to use in my classroom. Planned Parenthood organized the sessions in seminar form which allowed for sharing between teachers as well as the presentation of information. There are so many difficult and sensitive aspects to the teaching about sexuality that cannot be explored fully through reading on one's own. Planned Parenthood has functioned as a sort of catalyst to bringing teachers together.

The program which Planned Parenthood conducts in the classroom is outstanding. Planned Parenthood taught the sexuality unit of my health classes for one week. The introduction it provided enabled me to begin teaching the sexuality unit.

I have only praise and high regard for Planned Parenthood and its educational programs in this county.

Sincerely,

Joan Brown

Joan Brown

Health teacher - SLVHS

Santa Cruz City Schools

November 29, 1978

TO WHOM IT MAY CONCERN:

As Assistant Superintendent in charge of Secondary instruction in the Santa Cruz City Schools, I have had ample opportunity to observe the effective and responsible ways in which Planned Parenthood has worked to develop sex education and train teachers. The unanimous approval of our School Board for the Family Life Education Curriculum Framework, which they and their parent advisory group orchestrated is indicative of their skill in organization and of the broad range of support they have created for their programs.

It would seem to me to be extremely effective to continue to fund this organization to develop training programs for other youth agencies and church organizations. The problem of adolescent pregnancy is a major one -- it requires the combined efforts of school and community. Funding this project would help insure community support for our school programs, as well as provide our teens with a greater opportunity to receive adequate sexuality education.

I would be happy to answer any further questions regarding Planned Parenthood's educational programs.

Sincerely,

Blackman

Joseph K. Blackman,
Assistant Superintendent
Secondary Education

JKB;djh

133 Mission Street Santa Cruz, California 95060 (408) 426-6000

October 12, 1978

Dear School Board Members,

I have read the proposed Family Life Education Framework carefully and am very impressed and excited by it.

The approach to very controversial areas of sexuality is sensitive to the variety of values systems in our community. The encouragement of communication between young people and their parents will assist parents in conveying their values to their children.

The content and concept of this framework is a way to inform young people and encourage responsible decision-making.

I support this proposal and encourage the adoption of the framework by county school boards.

Sincerely,

Jane Eliason

Jane Eliason
Consultant in Christian Education

October 20, 1978

Dear School Board Members,

Writing as a person who has been involved with junior high and senior highs in the Church for many years, I would like to commend the objectives and outline of plans for the Family Life Curriculum.

In a time of changing life styles and questioning of values, youth look for knowledge coupled with choice and openness. Their choices will be myriad as they move into the future. Just now they ask, "Should I marry or co-habit? Will I be a parent with or without a husband? Or will I anticipate marriage and a life-time commitment?" The ability to choose and know and accept responsibility for choices are two prime requisites for youth. Both of these are basic to the approaches outlined here.

Other things that stand out for me are:

— The emphasis on communication with the home, and an effort to understand the values it accepts and models.

— A holistic approach to persons (For me this has just been again emphasized at a week-end conference on "Human Loving: Sexuality and Intimacy" with Masters and Johnson at the Institute for the Advancement of Human Behavior at Palo Alto, September 29 through October 1st. They, in a way, almost parallel the Church in emphasizing wholeness of the body, mind, and spirit.)

— The clear presentation of biological facts in an unemotional way.

— The exploration of possible results of sexual choices.

— The knowledge of birth control methods (Youths who decide to "activate their sexual life" without knowledge of parents will have a better understanding of the options and not be as easily deluded on results.) The current birth rate among young teen-agers, as well as my own conversations, indicate in many instances a lack of knowledge.

— The recognition of our national divorce rate with its meaning for children and youth.

Because of the basic, well-rounded approach to these courses, families and church may supplement the instruction, thus adding a further dimension.

No attempt is made to indoctrinate or to judge. Personally, I could visualize churches relating this to their values and beliefs, both with youth and with parents. This could be done with biblical concern for the whole person and his/her development as a person of mature Christian faith and love.

Sincerely,

Jennie Winsor Payne

Formerly: Director of Christian Education for the Northern Ca. Conference of the United Church of Christ; Director of Christian Education in three Congregational (U.C.C.) churches; Graduate of Andover-Newton Theological Seminary

Jennie Winsor Payne
Mother of a 16 year-old
Consultant in Christian Education
Writer of articles and guides in Christian education

HEALTH SERVICES AGENCY

COUNTY OF SANTA CRUZ

P.O. Box 962
Santa Cruz, CA 95061

October 3, 1978

Dr. Bergthold, President
Board of Trustees
Soquel Union Elementary School District
620 Monterey Avenue
Capitola, CA 95010

Dear Dr. Bergthold:

The Santa Cruz County Child Health Advisory Board is a State mandated board comprised of parents and professionals who are concerned with identifying and meeting the health needs of children and youth in Santa Cruz County.

The Child Health Advisory Board has reviewed this proposed Family Life Education curriculum and strongly endorses this approach to meeting the need for family life education in secondary schools. The Child Health Advisory Board urges your Board to support this curriculum and to approve it for use in school districts as soon as possible.

Sincerely,

Mary Larson /jm

MARY LARSON, Chairperson
Santa Cruz County Child
Health Advisory Board

ML:JM:mn

F. WELLS SHOEMAKER, M.D.
55 CARR STREET
WATSONVILLE, CALIFORNIA 95076

TELEPHONE 724-[illegible]

August 21, 1978

Members of the Board:

I have reviewed in detail the curriculum proposal for sex education in the junior high and senior high levels. I feel this curriculum is extremely well thought out and logically organized. There were several very minor items in the junior high level which I thought may have been somewhat more advanced than typical level of experience could handle, and pass these recommendations along to one of the individuals working on this program.

It is my opinion as a pediatrician and a father that objective information about sex education is an extremely important part of the growth of an individual. I feel it is entirely appropriate that this information be distributed through the public schools, since this assures the public that only a carefully scrutinized program will be offered, and also provides assurance that instructors have adequate training and background to offer this information properly.

In my review of the proposed curriculum, I feel there are abundant safeguards to insure that sex-education classes will not be misconstrued as sex-encouragement classes. I feel the integrity of an individual's decision-making power is stressed heavily throughout, and indeed, this will remain the basis for an individual's social decisions throughout life.

As a pediatrician dealing with numbers of adolescent patients with medical and emotional problems stemming from an uneducated sex experience, especially a large number of teenage mothers, I feel that there will be substantial physical and health benefits to this program above and beyond its value in making a more informed younger generation.

Sincerely,

F Wells Shoemaker

F. Wells Shoemaker, M.D.

FWS/ce

THOMAS O. SCHMIDA, M.D. •
DEAN O. BURROUGHS, M.D.
KENT W. THOMPSON, M.D.
PEDIATRICS

1661 SOQUEL DRIVE
SANTA CRUZ, CALIFORNIA 95065

PHONE
408 476-3000

October 19, 1978

Dear School Board,

I'm writing this letter in behalf of the Family Life education program as proposed by Planned Parenthood. I have reviewed the program and feel that it is a much needed addition to Junior and Senior high school education.

Sincerely yours,

Ken Thompson

Kent W. Thompson, M.D., F.A.A.P.

KWT/ml

ROBERT B. KEET, M.D.
Internal Medicine
9055 SOQUEL DRIVE
APTOS, CALIFORNIA 95003

Telephone 688-3131

August 24, 1978

Planned Parenthood
421 Ocean Street
Santa Cruz, CA

Re: Family Life Framework Curriculum

Dear Planned Parenthood:

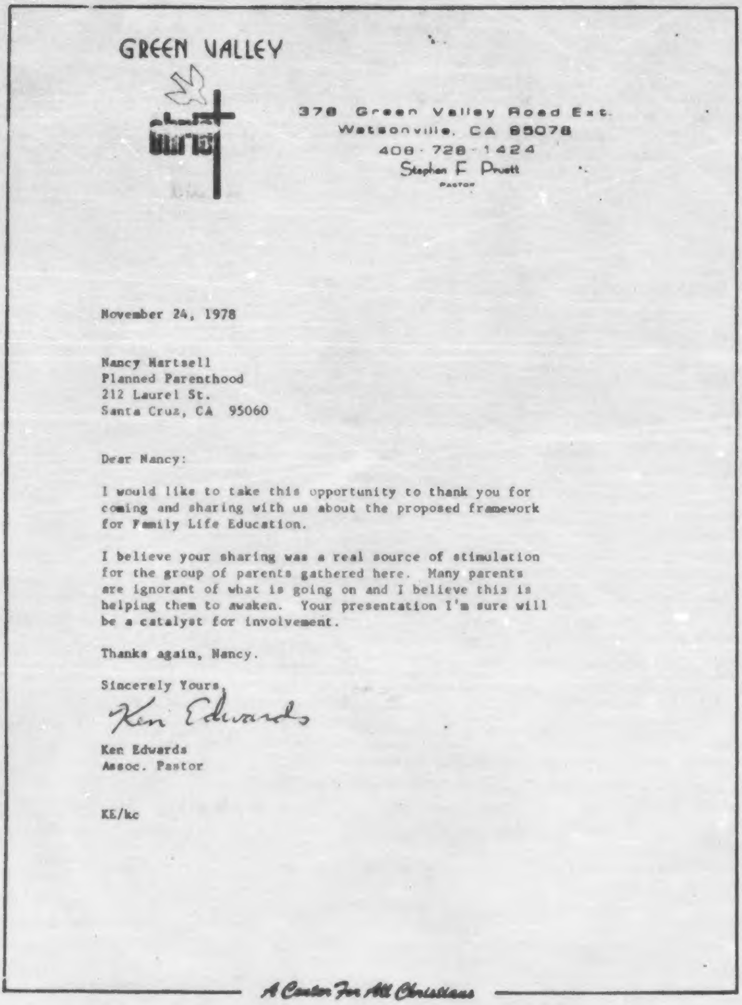
Thank you for sending the curriculum for me to review. I have reviewed it in detail and find it extremely thorough and agree wholeheartedly with the nature of the material to be presented and the way that you propose to present it. I have no specific recommendations for additions or deletions in your program. My personal feeling as to points that should be particularly stressed would include preventive health measures including female vaginal hygiene, female self breast examination, and male self penile and scrotal examination as well as a thorough knowledge of sexually related diseases so that they may be avoided. Another area that I find a great deal of confusion about is the effects of drugs, alcohol, smoking and nutrition on fetal development. I see that this is in your curriculum but I would personally urge that this is given a great deal of attention. I would also like to see a significant amount of time spent on various aspects of coupling and the various difficulties that may be expected in a marriage relationship, both before and after children enter the scene. In my practice this is the single major problem that seems to affect people's lives. Thank you again for sending this for me to review. If I can be of any further help, either in its preparation or execution, please feel free to call me.

Yours truly,

Bob

Robert B. Keet, M.D.

RBK/deb



GREEN VALLEY

378 Green Valley Road Ext.
Watsonville, CA 95076
408-728-1424
Stephen F. Pruett
PASTOR

November 24, 1978

Nancy Hartsell
Planned Parenthood
212 Laurel St.
Santa Cruz, CA 95060

Dear Nancy:

I would like to take this opportunity to thank you for coming and sharing with us about the proposed framework for Family Life Education.

I believe your sharing was a real source of stimulation for the group of parents gathered here. Many parents are ignorant of what is going on and I believe this is helping them to awaken. Your presentation I'm sure will be a catalyst for involvement.

Thanks again, Nancy.

Sincerely Yours,

Ken Edwards

Ken Edwards
Assoc. Pastor

KE/kc

A Center For All Christians

HEALTH SERVICES
AGENCY

COUNTY OF SANTA CRUZ

George Robertson
~~RICHARD H. [illegible] M.D., DR.P.H.~~
DIRECTOR OF HEALTH SERVICES

P. O. BOX 962 1060 EMELINE AVENUE
SANTA CRUZ CALIFORNIA 95061
(408) 425-2251

JOSEPH D. CRAIG M.D. M.S., Health Officer
DEPUTY DIRECTOR OF
HEALTH SERVICES

August 23, 1978

Members of the Board:

I am writing this letter in support of the curriculum framework for family life education as proposed by the teachers, Parents Advisory Committee and Planned Parenthood of Santa Cruz County.

As Venereal Disease Controller for Santa Cruz County, and as a physician interested in Maternal and Child Health, I believe that supplementation of parental sex education by the schools is of vital importance to the community at large. The savings in health dollars spent for preventable conditions such as the sexually transmitted diseases and unwanted pregnancies would be great if the school age population received such education. The savings in human suffering would be incalculable.

Respectfully,

G. Wolfe

George Wolfe, M.D., M.P.H.
V.D. Controller

GW:mp

WATSONVILLE OFFICE
1430 FREEDOM BLVD.
WATSONVILLE, CA 95076
(408) 728-2206

MONTE VISTA CLINIC
347 PROSPECT AVENUE
WATSONVILLE, CA 95076
(408) 722-4884

Parents
Center

532 Soquel Avenue Santa Cruz, Ca. 95062 (408) 426-7322
406 Main St, Suite 317 Watsonville, Ca. 95076 (408) 728-2233

September 25, 1978

Dear School Board Members,

The Parents Center, formerly Parental Stress, of Santa Cruz County supports and urges the adoption of the Family Life Curriculum Framework.

We have reviewed the framework in detail. It is a comprehensive plan for presenting invaluable information to junior and senior high school students.

The Family Life Curriculum Framework is particularly strong in its emphasis on personal development, relationship skills, and parenthood. More adequate preparation in these areas could prevent much of the child abuse and parental stress our agency deals with daily.

Again, we urge adoption of the Family Life Curriculum Framework.

Sincerely,

Deborah Jacobson, R.N., M.S.
Licensed Marriage, Family,
and Child Counselor

SANTA CRUZ MEDICAL CLINIC
1700 MISSION STREET ◆ SANTA CRUZ, CALIFORNIA 95060
TELEPHONE 408-423-4111

September 22, 1978

Planned Parenthood
Education Department
330 Soquel Avenue
Santa Cruz, California

Dear Board Member:

This cover letter is offered in support of the enclosed framework for a sex education program to be incorporated into school curriculums.

All too frequently, I encounter patients in my own practice who are ill-prepared in sexual matters, puzzled by misinformation and a certain amount of sensationalism to which our society's public medias expose us, and who have no proper perspective of dealing with their sexual problems. I feel that the enclosed outline is a reasonable attempt to approach sex education by using school curriculums to coordinate and encourage both school and home teaching in these matters.

I therefore would encourage a favorable endorsement by your school board by utilizing this program.

Sincerely,

A. G. Dickerson, M.D.

AGD:tt

10-20-79

Dear Ellen

After such a wonderful week at Idyllwild I felt compelled to sit down and write about my feelings concerning the conference. I came down from the mountain both literally and figuratively. Most of my thoughts and conclusions I am expressing are those arrived at while driving down the mountain into Banning and the rest of the way home.

First, all my expectations regarding the conference were quite blasé having attended so many on previous occasions. However, it did not take long to realize that I was caught up in an atmosphere of caring and sharing that was so much different than any series of meetings I have been attended.

If there is such a thing as a revival of the human spirit which engenders new insight into personal relationships I feel this conference certainly did this for my colleagues and myself. Self-perception, awareness, esteem and concept, which we all wish to incur in others, are probably more effectively taught by those who have experienced a series of meetings and have become more self aware of themselves.

Sincerely I am sharing, with others, as well as myself, my many thanks to you and your staff for a fantastic week in Idyllwild!

Sincerely

Frank [illegible]

WRITE IT! DON'T SAY IT!

CEIVED OCT 29 1979

HUENEME SCHOOL STRICT
PORT HUENEME, CALIF.

MEMO TO Ellen

DATE 10-27-79

SUBJECT

The 5 from Hueneme thoroughly enjoyed our week in Idlewild! Now there are 5 firmly committed to the FLE program, instead of only one. When I talked with Dick Miller yesterday, he said he wasn't anticipating any problems when we meet with the Board for final approval on Nov. 12. I think we have just about convinced him of the benefits of having some clergy members informed & supportive of the program. Next week we meet with the Counselors and Psychologists & then with the Principals & parent advisory committee.

One of our group discovered the post-test in with the other materials, on Saturday afternoon, so I am sending it to you. I lost 3 lbs last week & so did Kay - made the week even better! Thanks for a beautifully put together program! (Are we ever critical of lecture-type inservice now!!) I'll keep you informed!

SIGNATURE

○ REPLY REQUESTED ○ FOR YOUR INFORMATION

SCHOOL OR DEPARTMENT

380 REV 7 75

HUENEME SCHOOL DISTRICT
354 NORTH THIRD STREET
PORT HUENEME, CALIFORNIA 93041

OFFICE OF THE
ASST. SUPT. EDUCATIONAL SERVICES

March 30, 1979

Ms. Ellen Wagman, Director
Family Life Education Project
212 Laurel Street
Santa Cruz, CA 95060

Dear Ms. Wagman:

I enjoyed participating in the Family Life Education Project workshop this past week. It was well prepared and excellently presented.

Enclosed are copies of our policies pertaining to resource speakers.

Thanks for making the workshop possible.

Sincerely,

R. L. Miller, Ed.D.
Assistant Superintendent
Educational Services

RLM/mm
Encl.

RECEIVED APR 5 1979

Let professionals teach sex education

This is a message of congratulations for Pioneer High School, its principal and faculty, particularly the teacher who conducts the Family Life Education course.

My son attended this course during the past year. The teacher, teaching media and the course content gave him a more complete understanding of questions of human sexuality than I, or most other busy parents, could have provided. I was pleased that he had the opportunity to attend it.

However, since last October, a small, determined group of parents have been complaining that the content of the Family Life Education course is "carnal." They worry lest the course suggest sex to the teenagers attending it. These critics appear to be in favor of keeping sex education chaste and pure, taught by parents in the home.

How has sex education at home worked? Last year in the United States, girls 18 or younger gave birth to 1 million unwanted babies! Public school sex education is mandated in only a handful of states, and certainly can't be blamed for that baby crop.

According to Dr. Aaron Hass, author of a survey of teen-age attitudes toward sexuality, "In a period of development that is difficult for both parents and teen-agers, the difficulties are exacerbated by the parents' rejection of questions about sex . . . "

The take-sex-out-of-public-education folks turned out in force at the Feb. 7 school board meeting and were given 2½ hours to voice their misgivings on the morality of the Family Life Education course. The board voted 4-1 to continue the course this year.

Any parent who does not want a child to be in the course may have the child excused without academic penalty. Therefore, the idea of a religious sect attempting to alter or discontinue an educational course against majority preference seems unconstitutional.

Let's get on with the task of enlightening the kids through professional educators trained for the task, so that the annual statistics showing teen-age illegitimate births and disease from sex ignorance will be greatly reduced, at least in our community, San Jose.

— Richard J. Kervick
San Jose

Have your say

Letters from readers are welcomed, and we publish as many as space permits. Please include a legible signature and your address. All letters are subject to editing for length. Outstanding letters, regardless of whether we agree with the point of view, are chosen for the Silver Pen Award. Write to: Letters to the editor, San Jose Mercury News, 750 Ridder Park Dr., San Jose, Ca. 95190.

SAN JOSE UNIFIED SCHOOL DISTRICT
1605 PARK AVENUE, SAN JOSE, CA 95126 (408) 998-6377
HEALTH SERVICES

November 21, 1979

Ellen Wagman
212 Laurel Street
Santa Cruz, CA 95060

Dear Ellen:

This letter is to offer an endorsement to the Santa Cruz Planned Parenthood Family Life Development Project. As we become more involved in the project, I am most impressed with the comprehensiveness, the flexibility and the quality of the units you have developed.

As you know, our plans for this academic year include a presentation of an overview of the units to our District Advisory Committee in December, an introduction of the units at a community awareness meeting in January, a 5-day inservice workshop for approximately 26 teachers in February, implementation of the units in six high schools and seven junior high schools in March, April and May, and in May, after implementation, a reconvening of the teachers trained in the workshop.

I believe the reconvening of the teachers in May will be most important for these reasons: to allow the teachers to share experiences in regard to student response to the curriculum; to discuss possible curriculum changes; and to share feelings about specific strengths and possible weakness of the units.

We hope the staff of the Santa Cruz Project will be able to continue to consult with our district in program development and teacher training. Support of the teachers through consultation with them solidifies the training they have received and offers the reinforcement that is needed following training in any curriculum area, but especially in the sensitive area of Family Life Education.

There are many needs in Family Life curriculum development but one of the most outstanding in our district is a revision and upgrading of the 5th and 6th grade level units. We would appreciate your help with the elementary grade level units if at all possible.

We are looking forward to implementation of the program in our district. The fact that your units are so easily adaptable and have been tested with teachers, parents and students has saved our district the time and expense of curriculum development and allows us to offer an effective program to our students.

Sincerely,

Mary Salocks

Mary Salocks
Supervisor

MS:jg

ALAMEDA UNIFIED SCHOOL DISTRICT
ALAMEDA, CALIFORNIA 94501

EDUCATIONAL SERVICES
XXXXXXXXXX XXXXX
2200 Central Ave.

(415) 522-6700
EXT. [illegible]

March 25, 1980

Lynn Cooper
Planned Parenthood
212 Laurel Street
Santa Cruz, CA 95060

Dear Lynn:

Just a note to let you know how well the Family Life Education Program has gone here in Alameda. I have talked to people in all of the schools who have participated to date. They all liked the materials and are particularly gracious in their praise of the inservice training they received. So much so, in fact, that they are asking for additional training and suggesting training for other people as well.

We presented, as you know, a report to the Board earlier this year. It was very well received and the teachers who presented it did an excellent job.

It's been a pleasure indeed to work with you and your staff on this. We will look for opportunities to continue to do so in the future.

Sincerely,

Walt Klas

Walter L. Klas, Ed.D.
Assistant Superintendent
Educational Services

WLK:mak

cc: Karen Guthrie
Clarence R. Kline
Middle and High School
Principals

ALAMEDA UNIFIED SCHOOL DISTRICT
ALAMEDA, CALIFORNIA 94501

EDUCATIONAL SERVICES
[illegible]
2200 Central Ave.

(415) [illegible]
EXT. [illegible]

May 30, 1980

Kay Todd and Lynn Cooper
Family Life Education Program
Development Project
212 Laurel Street
Santa Cruz, California 95060

Dear Lynn and Kay,

Thank you very much for visiting with us and allowing us the opportunity for participating in the evaluation of the Family Life Program which you so generously helped implement this year. Your interview was thoroughly structured. In my humble judgment, you certainly dealt with the crucial issues relative to the implementation of such a program in the community. I know that we would not have been able to implement anything like this during the current year had we not had your support, training, regular consultation, and encouragement. It's been a delight to work with you both! I know I speak for all of our staff members in thanking you, Kay, for the great job you did in training our people for this effort. Please express our appreciation to Steve as well.

Best wishes to both of you for your continued success!

Sincerely,

Walter L. Klas, Ed.D.
Assistant Superintendent
Educational Services

WLK:mak

Dec. 5, 1979

To Whom It May Concern,

This was my first year teaching a Family Living class and therefore the Santa Cruz Planned Parenthood Workshop was very informative. The perspective on sex education can vary so much from grade to grade it was very helpful to see a curriculum that organized each level. Discussing the sensitive feelings and views of students and teachers also gave us an awareness of potential hard spots.

It would seem beneficial to bring these groups together periodically to check on which ideas seem to work and which don't (with such a difficult subject). I have had successes and a few difficulties with some of my lesson plans and I would like to compare stories.

Because only a little knowledge in this area can sometimes be as harmful as none at all, I also feel the need for expansion of this program to all grade levels would make the students' education more thorough. It may take awhile for the public to accept such an extensive program but the facts show our students need Family Life Education from somewhere and they are not always getting it from the proper resources.

I feel this Family Life program has great potential and should be considered as the approach needed in our public school system. Many people feel that sex education is not necessary because it will happen naturally but medicine and science have showed us ways to improve on nature and we must convince people knowing how a machine works can help us make it work better.

Sincerely,
Mrs. Diamantine
Haight School/Alameda

AFFIDAVIT of M. LYNNE COOPER FOR
WOMEN'S COMMITTEE FOR RESPONSIBLE
GOVERNMENT v. BARBARA AVED
California Supreme Court

I, M. Lynne Cooper, do hereby declare under penalty of perjury that the following is true and correct. The following is my personal knowledge and, if called as a witness, I could testify competently as to the correctness of these issues.

For the last six years, I have been employed as a social scientist and educator, working broadly in the field of health education. I received my Bachelor of Arts degree from the University of California, Santa Cruz in Human Biology and my Masters degree from San Jose State University in Public Health Education. I have completed graduate-level course work at the University of California in San Francisco and in Santa Cruz toward my Ph.D. degree in social psychology.

For the past four years, I have worked exclusively in the areas of human sexuality and sex education. I am presently employed by Planned Parenthood of Santa Cruz County as a researcher and also teach human sexuality at San Jose State University. My job functions at Planned Parenthood are two-fold: to research and develop two publications and to evaluate the Family Life Education Program Development Project.

The Family Life Education Program Development Project was a three year federally-funded national demonstration project in which Planned Parenthood assisted selected California school districts in the design and implementation of family life curricula at the secondary level. The evaluation of this project focused on assessing the impact of participation in a family life education unit on student knowledge, attitudes, skills and pregnancy rates and on documenting student, teacher and, in particular, parent reaction to the program. The research and evaluation that I conducted as part of the Family Life Education Program Development Project was designed in accordance with scientific methodology and the findings are statistically valid.

Therefore, I would like to present in subsequent sections of this affidavit some of the salient findings from my work which bear on issues raised in the pleadings of the Petition introduced by Thomas Burton, Esq. In particular, I wish to address two charges: 1) that there is no parental support for family life and sex education programs and 2) that the effects of sex education programs are either nil or deleterious.

What Was Parent Reaction to the Family Life Education Program Development Project?

- Out of more than 17,500 junior and senior high students in 12 California school districts who received this program, only 1.3% of parents chose not to allow their children to participate in the program or failed to return a signed permission slip. Hence, nearly 99% of parents gave their tacit approval to this program.
- Seventy-seven percent of parents surveyed in nine California school districts were "somewhat to extremely supportive" of the family life education program when they first learned that their school would be implementing one. An additional 19% had no opinion.
- After the program was implemented, 82% of parents were "somewhat to extremely supportive" while an additional 14% still had formed no

opinion of the program.

- Parents themselves suggested that this increase in support for the program resulted from their observation of its positive effect on their children or from an opportunity to meet with the teacher or review curriculum materials. As a corrolary, teachers reported that the most frequent reason for parent concern was a lack of detailed information about the program and that, in all but two percent of the cases, simply providing that detail was sufficient to alleviate concerns and reassure parents. In fact, among those parents surveyed, it was found that parents having more actual involvement with the program tended also to be more supportive of the program.
- Parent evaluation of the program was overwhelmingly positive:
    1) 93% of parents with an opinion rated the family life education teacher as average to excellent,
    2) 94% rated the topics covered by the curriculum as average to excellent,
    3) 91% rated the organization and format of the course as average to excellent,
    4) 98% rated the philosophical approach (with its emphasis on decision-making, self-esteem and clarification of personal values) as average to excellent and
    5) 95% of parents rated the overall curriculum as average to excellent.
- Finally, no significant difference in the amount or degree of support for the program was found between parents expressing a specific religious preference (mostly Catholic and Protestant) and those belonging to no organized religion.

The enthusiastic parent response experience by this program does not differ from parental response documented in other studies.

- A study of Southern California parents, conducted in 1974, found that 94% of parents support the schools' involvement in family life education, and 97% feel that an overwhelming need for such education exists among teenagers today (9). Attesting to the accuracy of these surveys is the fact that, when family life classes are offered, only 1% to 2% of California parents actually withdraw their children from these classes (5).
- Nationwide, less than 3% of parents refuse to allow their children to participate in sex education programs (21). In Kansas, 67% of parents accept family life education enthusiastically, another 31% express no opinion, while a mere 2% raise any objections whatsoever (10). Similar support is witnessed in Kentucky, with parents responding favorably 92% of the time to school-based family life education programs in their communities (15).
- Moreover, favorable parental response can be expected to increase after a family life education program is introduced into the schools (6, 20). Any reservations that parents may have are usually eliminated once they have had an opportunity to become acquainted with the program and observe the effects upon their children.

What were the effects of the Family Life Education Program Development Project curriculum on participating students?

- Using an identical pre- and posttest, significant increases in knowledge were observed. Moreover, no such increase was observed in a control group which did not participate in the program.

- As measured by a pen and paper psychological inventory administered on a pre- and post-course basis, students' self-esteem was significantly enhanced as a result of participation in the family life education unit. Further, comparison to a randomly-designated control group showed that this increase in self-esteem was not a spurious result of testing.

- Ninety-three percent of students reported that taking the course helped them to gain new insights into their values, feelings and needs - in short, to better understand themselves. As the father of a 15 year old explained in response to a question about what, if any, effects he felt that the course had had on his child:

  > "My son has always had strong morals and beliefs. This class, even though the issues were not presented from any specific side, has helped my son feel even stronger about his beliefs and believe in them more."

- More than 50% of students reported that participation in the course will help them to better communicate with their parents, while approximately 70% of parents surveyed report that communication with their child is not only easier but also occurs more frequently. The mothers of two teenagers explained the improvement they experienced as follows:

  > "My daughter will now listen to what I am saying instead of talking when I'm trying to talk. She said they learned communication." (Emphasis is hers.)"
  >
  > Mother of a 17 year old female

  > "It's now easier for me to talk with my daughter regarding sex since now I know she (has) been given the basic information about sexuality and its responsibilities."
  >
  > Mother of a 14 year old female

- Teachers reported that their relationships with students were not only improved but that students were also getting along better with one another. This was attributed, at least in part, to the increased tolerance of differing values and beliefs which teachers observed in their students.

  Students themselves reported that taking the course had helped them to better understand other people and to be more sensitive to their feelings. They also felt that they had learned not only how to communicate more effectively but, in general, how to get along better with others.

- As measured by a pre- and post-course skill inventory, students' ability to make decisions was significantly enhanced. Moreover, comparison of these students with a randomly assigned control group indicates that this gain was not a spurious result of testing.

  Students also demonstrated a significant increase in their ability to identify possible alternative solutions to problem situations - a skill clearly germane to good decision-making skills. Finally, more than 90%

of students and 80% of parents reported that participation in the course had had a positive impact on students' ability to make sound and responsible decisions.

- Pregnancy statistics were collected for a one-year period in a California county where three districts participated in the family life education program and the remaining 25 had no family life or sex education programs. Similar rates were observed in the two groups before the program. Afterwards, however, a 15% greater reduction in the pregnancy rate was observed in the three participating districts. Such a reduction would reflect the cummulative impact of several outcomes noted by parents, teachers and participating students. For example, 70% - 80% of parents felt that their children could now communicate more effectively about sex, knew more about sexuality and its responsibilities and could also make more responsible decisions. Teachers reportedly felt that their students were not only more knowledgeable about sexuality but also exhibited a healthier attitude toward sexualtiy. Finally, students reported not only reaching decisions to take precautions against pregnancy if they were going to be sexually active, but also making decisions to delay sexual activity until older or married. Perhaps several quotes from students will best amplify these points:

> "It (participation in the course) has made me think twice about having sex and the responsibilities I'm going to have if I do."
>
> Thirteen year old female

> "The most important thing I learned was that when you're pregnant, you have to make a lot of decisions. It helped me to know that it is too much of a burden to get pregnant when you're young."
>
> Fourteen year old female

The positive impact on student knowledge, attitudes and skills which was observed in this program does not significantly differ from the effects documented in other studies.

- Numerous studies conducted on both the high school and college level have documented significant increases in knowledge as a result of participation in family life and sex education courses. Moreover, when control groups were used, the increases in learning for the experimental groups were significantly greater than for the control groups (1, 3, 7, 8, 12, 16, 17).
- Crosby (1971) found that a family life education course had significant positive impact on junior high school students' self-concepts when compared to students who were not enroled in the course. Battista (1972), using a case study method, found that a family life education teacher training program also had a positive impact on the self-concept of the persons enrolled.
- Wetzel (1962) found that students who participated in a family life course: (1) showed an increased ability to relate to others and, (2) overall, exhibited a healthier personality as measured by pen and paper psychological testing instruments administered on a pre- and post-course basis. Students who have taken family life education courses report that the experience helped them to accept their sexuality as something positive and healthy, rather than something dirty and mysterious (24).

- Coates (1970), in a well-conceived and implemented research project, found that fifth and sixth graders were significantly more likely to discuss sex-related concerns with their parents after taking a family life education course than before.

- An individual's value judgment regarding his or her own sexual behavior is not affected by family life and sex education, although value judgments regarding other person's behaviors may be affected. Specifically, numerous studies have found that:

  1) Family life and sex education tends to increase a person's willingness to accept the right of individuals to determine their own standards of conduct (13, 14, 19, 22, 25).

  2) Attitudes regarding the acceptability of given behaviors for oneself or significant others (e.g., spouse) are generally not affected (13, 14, 22).

- Family life and sex education courses in which specific sex information is presented have resulted in reducing the out-of-wedlock pregnancy rate for females (18). A study conducted under the auspices of the Yale University Hospital found that pregnant teenage women who received instruction in reproductive anatomy and physiology and birth control were significantly less likely to have a repeat pregnancy than those pregnant teenagers receiving no instruction. In fact, only 7% of the females receiving education had a repeat pregnancy within the first year, as compared to 51% of the control group. (11). The Danish teenage out-of-wedlock birthrate was markedly reduced in the three years following the introduction of mandatory, comprehensive sex education in the schools (4).

Hence, both my experience with this particular program and my familiarity with the literature, lead me to conclude that the charges made in said Petition are fallacious and entirely without ground.

Executed this 21, July, 1981 in Santa Cruz, California.

M. Lynne Cooper

M. Lynne Cooper, M.P.H.

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PROJECT TEEN CONCERN

Development of an Implementation Manual for an Educational Program to Prevent Premature Parenthood and Venereal Disease under contract # BCHS-HSA-240-7-0057.

Final Report

July 1975 - June 1976

Consultants:

Joan Haskin, M.A.
Harris Clemes, Ph.D.

Project Director:

Nathalie Hawley, M.S.W.
Planned Parenthood/Alameda-San Francisco

PROJECT TEEN CONCERN MANUAL

About Project Teen Concern

Project Teen Concern was a program developed for junior high school teachers, students and parents in the San Francisco Unified School District to reduce through education the spiraling rates of teenage venereal disease and unwanted pregnancy. The Project was funded by a DHEW contract for three years with Planned Parenthood/Alameda-San Frnacisco as the fiscal agent. The original charge was to develop a model that could be used in other communities wishing to initiate programs in this area of health education.

A small contract was awarded this year for the development of an implementation manual detailing the process used in developing Project Teen Concern for communities interested in this model. There were four components to this year's work:

I. Writing the Manual

II. Field testing the draft in three school sites in Region IX

III. Availability of consultative services in Region IX

IV. A Sex Education Seminar for school/community teams.

Reports were submitted in October (for the first 3 months), November, December, January, February, and March as well as detailed reports of the field tests. This final report is a summary.

Component	Activities	Evaluation
I. Writing the Manual	The manual has been written by Nathalie Hawley, former Education Director at Planned Parenthood, initiator and consultant to the Project. This is to be used by agency and school personnel who have as an objective the development of a similar health/sex education program.	The Project Teen Concern Manual has received evaluation from consultants, 3 field sites and others. It is designed for independent use. The final evaluation will be it's usefulness to those requesting it.

Component	Activities	Evaluation
1. Writing the Manual (continued)	The manual includes: (1) A history and evaluation of the Project (2) Step by step procedures for developing each component of the program, including the problems encountered and a useful appendix of examples, forms, and background information for each of the following components: - Identifying and developing community support for a family life education program by conducting a community workshop. - Designing and implementing a teacher in-service training to facilitate communicating effectively with young adolescents about responsible decision-making particularly related to human sexuality, and the prevention and control of VD and premature pregnancy. - Designing and implementing a parent education component to facilitate communicating effectively with their own children and other adults in the above areas. - Developing a component for non-English speaking students and parents (if appropriate) with the above goals. A camera ready final copy has been submitted to the Office for Family Planning for duplication. A mailing list and 5,000 flyers designed for informing agencies of the availability of the Manual have also been sent to the Office for Family Planning.	

Component	Activities	Evaluation
II. Field testing	In order to design a manual of real value to both family planning and school district personnel, three sites in DHEW Region IX were sought for field test-testing. (1) Completion and return of the application form to the Project Director by October 10, 1975. (2) Selection by the Project Director and the two consultants of the sites. Criteria for selection were based on: - Assessment of school district needs - Geographic representation of DHEW Region IX - Commitment to all phases of the Project - Indication of cooperation between school district/community/family planning agencies as documented on the application The three sites selected and dates for field tests were: Loomis Union School District: January 9, 1976 Red Bluff Union School District: February 27, 1976 Newport-Mesa Unified School District: March 31, 1976 See Attachment I for the Objectives for Field testing and the Format that was followed. (3) Selected site personnel were sent the draft of the manual and asked to use the step by step process detailed for the component which is their objective. All 3 sites selected "Building Community Support." (4) School Districts selected were required to participate with the Project staff in a detailed evaluation with the goal of improving utilization and relevance of the final manual. Evaluation focused on: - Clarity of style and description of process as	Three California school districts received substantial assistance this year from project staff in laying a supportive framework for developing community support and acceptance for a health/sex education program. Loomis Union School District was a small rural community, Red Bluff was a mid-state city district, and Newport-Mesa, a large urban district. In all three situations the planning committees worked successfully with the manual draft and executed workshops which met their objectives. (See detailed reports for each field test submitted in January, February and March 1976). Project staff received valuable suggestions from all three workshops which have been incorporaed into the final draft of the manual. Our objectives for the field tests were met in every way except one. That was the fact that all districts chose the community workshop as the component they wished to start with. The other three components (teacher in-service, parent education, and the bi-lingual program) were submited for review and comment by outside experts, but have not experienced the same testing.

Component	Activities	Evaluation
II. Field testing (continued)	described in the manual - Effectiveness of the workshop conducted in terms of stated goals and objectives - Outcome/action results of the field test in the community (5) School Districts selected were assured they would have the assistance of the Project staff for all phases. This included: - one visit for planning - consultant attendance at the workshop - follow-up evaluation	
III. Consultation	In addition to field testing, project staff was also available to agencies in Region IX for consultation related to developing school health/sex education programs. Two memos were mailed to a wide mailing list during the year about this availability. See Attachment II for the requests and the assistance provided.	Project staff provided on-going assistance to a number of California agencies. Follow-up evaluation done at this time indicates that this type of consultation has great value for agencies wishing to initiate programs. Most requests came from school districts previously aware of the project and of the staff. This became more difficult outside of California so that the assistance was not well utilized in other parts of Region IX except for the workshops in 1974-75 in Las Vegas and Reno, Nevada, Prescott, Arizona, and Honolulu, Hawaii. A recent survey by project staff of those sites indicates they have all moved ahead in accomplishing their objectives for school health/sex education programs for young people. We believe this project has provided a model and technical assistance that will continue to have wide impact.

	Component	Activities	Evaluation
IV.	Project Teen Concern "Sex Education Seminar" May 10-12, 1976	Project staff received permission to utilize unexpended funds in travel and workshop expense to repeat the successful seminar offered first in spring 1975. This seminar took a team, composed of a school board member, a curriculum planner, and a teacher from five different school districts. The goal was to share the experience of the project and to encourage the development of school programs. A key to the success is involving persons at the decision making level in the process. See brochure (Attachment III), the program (Attachment IV), the evaluation (Attachment V), and the list of applicants (Attachment VI).	Over twenty districts applied. Staff accepted six instead of the originally planned five districts in an effort to meet the need. This workshop brings people from very different viewpoints and backgrounds together. It is not an easy one to facilitate, however, we believe we have developed a process that allows for positive growth and reinforcement. Planned Parenthood continues to believe that a large part of the answer to unwanted pregnancy in teenage women must lie in education programs that have a decision-making framework. We believe family planners must be involved everywhere in giving assistance and encouragement to the schools. This seminar has met this objective and the objective of wide dissemination of a model developed under funding from the office for Family Planning.

NH/MS
6/76

Attachment I

PROJECT TEEN CONCERN MANUAL

Objectives for Field Testing

1. To receive evaluation as the implementation manual is developed which will contribute to the effectiveness and relevance of the material for school districts interested in initiating a similar program.
2. To provide on-site assistance to family planning agencies/school districts in Region IX, DHEW, in developing and implementing a school health/sex education program.
3. To provide for each field site selected a jointly developed plan for proceeding that meets the unique needs of its school/community.

Format for Field Test

Component	Activities	Time frame
Site selection	Step 1: Selection of 3 field test sites from applications received according to criteria developed (see blue sheet). Letter of notification sent to sites with suggested dates for field test.	By October 15, 1975 Date confirmation by phone requested from field site as soon as possible.
	Region IX Project Officer sent above with this format for field testing.	By October 25, 1975 Project Officer to respond.
Manual Sent	Step 2: Manual(s) mailed to field site staff with instructions: 1) Begin planning process as detailed for component. 2) Read manual and return preliminary written evaluation to determine: What are the initial questions and reactions that arise on reading the manual? What further information is needed by field site staff?	7 weeks in advance of field test. Not later than two weeks after receipt of manual.

Component	Activities	Time frame
Planning Meeting	Step 3: On-site planning meeting with field site personnel, Manual Project Director, and two consultants (no more than 8). Include from the field site the person overall responsible for field test, someone in a decision making capacity from agency/district, one or two working members of the advisory committee.	Schedule for 3 weeks after date of mailing manual (and after return of preliminary evaluation).
Objectives of Planning Meeting	Objectives for Planning Meeting 1. To answer questions arising from from preliminary readings of manual. 2. To clarify for field site personnel the roles of the consultants and purpose of the field test. 3. To identify the specific needs of the field site community. 4. To modify the plan to meet these needs. 5. To agree upon the planning process and the procedures for the field test workshop.	Four weeks are needed from planning meeting to field test.
Next Steps	Step 4: Manual Project Director will monitor progress of planning preparatory to field test and provide telephone consultation on problems, send further materials or meet other needs identified at planning meeting.	Following planning meeting until field test workshop
The Field Test	Step 5: The Field Test Workshop Requesting agency is responsible for conducting the workshop. Consultants will be present as observers and can act as trouble shooters if needed.	7 weeks from date that manual first mailed.

Component	Activity	Time frame
Evaluation	Step 6: Evaluation session on-site immediately following workshop with field site personnel and consultants.	Same day as training
	Step 7: Follow up evaluation meeting; Project Director and the two consultants. --Clarity and relevance of the first draft of the manual --Participant evaluation of workshop component. --Evaluation of whether workshop met objectives by field site agency and Project Director and consultants	Within two weeks of field test
Revise first draft	Step 8: Rewrite of manual by Project Director integrating experience of first field site.* Revision of field test procedures based on the first experience, for the second field test. Repeat entire process after each field test.	As soon as possible Report to Region IX, DHEW Project Officer
Follow up Consultation	Step 9: Follow-up consultation to be available to field site for further implementation, if requested. Final outcomes for each field site to be evaluated.	Until June 1976 By June 1976

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* Note: First drafts of manual requested to be returned by field site personnel with assurance of receiving a final copy of the manual

Attachment II

PROJECT TEEN CONCERN

July 1975 to June 1976 re: Consultation

Agency	Request	Disposition
Rosemary Topper District School Nurse Loomis Union U.S. District P.O. Box 104, Loomis, CA.	Information on field site testing (3 persons from this District attended the PTC special seminar last spring)	Application kit sent, returned and school district selected as one field site* - workshop held Jan. 9, 1976.
Rudy Carino Director of Curriculum Berryessa Union School Dist. 935 Piedmont Road San Jose, CA.	Information on field site testing	Application kit sent, returned, but but not selected. Consultation offered by project director throughout year. Team selected for Sex Education Seminar, May 10-12.
Judy Hamilton Family Planning Coordinator District Health Dept. 625 Shadow Lane Las Vegas, Nevada	Information on field site testing for Teacher in service or parent program. (Project staff did a community workshop there in 5/4)	Application kit sent. Agency decided not to apply.
Vicky Brown Coordinator for Mat. and Child Health Ed. Program Salinas Adult School 837 S. Main Salinas, CA.	Information re: field site testing. Planning county-wide workshop to build support 11/17/75.	Consultation re: workshop format - 10/9/75. Nath Hawley and Joan Haskin & Vicky Brown. Contract throughout year on progress.
Dr. Joanne Critchlow School Psychologist Riverside Unified School Dist. 3954 - 12th Street Riverside, CA.	Information re: field site testing. (3 persons from this district attended the PTC special seminar last spring) Interested in developing a bilingual program.	Application kit sent. No application received.
Roy Mangini Director, Health & Family Life Ed. Alameda County Department of Educ.	Information re: field site testing.	He encouraged application by several school districts to the Sex Education Seminar
Mary Jane Quick Director Health Education Hayward Unified School Dist. Hayward, CA.	Information re: field site testing and consultation.	This district has K-12 health ed f.l.e. curriculum. Not appropriate for our project, but offered help with teacher inservice. Teachers from distict were faculty at the Sex Ed. Seminar.

Agency	Request	Disposition
Beth Carlton Education Director Planned Parenthood of Pasadena 1045 North Lake Avenue Pasadena, CA 91104	Information re: services. Consultation more appropriate than field test. Asked to meet with her Sex Ed. Advisory Committee to form a plan.	Pending. Meeting in Pasadena 10/27/75 with staff to plan for building community support for sex education.
Steve Carmichael Education Director Planned Parenthood of Marin Co. San Rafael, CA.	Information on field testing. Interested in developing parent component with the San Rafael Unified School District.	Application kit sent. He called to say not able to get go ahead from school.
Richard Fletcher Carmel High School Carmel Unified School District Carmel, CA.	Information on field test. (3 persons from this district attended PTC seminar last spring)	Application kit sent.
Asst. Superintendent of Schools Santa Clara County Department of Education Santa Clara, CA.	Information on field test.	Application kit sent.
Ellen Wagman Planned Parenthood of Sacramento Sacramento, CA.	Consultation on planned workshop.	3 hour consultation - 9/26/75.
Carlee Leftwich Director of Nursing Napa County Health Department P.O. Box 749 Napa, CA 94558	Information re: field testing	Application kit sent. Reported unable to get school cooperation. Consultation spring 1976 re: developing more comprehensive teen services.
Vicki Alford Nurse/educator Red Bluff Union High School Red Bluff, CA.	Information re: field testing. (3 persons from this district attended the special PTC sex education seminar last year).	Application kit sent. Returned. School District selected as one field site. Workshop held Feb. 27, 1976.
Ann Peterson Newport Mesa Unified School Dist. P.O. Box 1368 Newport Beach, CA. 92660	Information re: field testing.	Application kit sent & returned. Selected as field site. Workshop held March 31, 1976.

Inquiries

Agency	Request	Disposition
Superintendent, Imperial Couty School District Imperial, CA.	Information re: field testing.	Application kit sent.
Fern Zahlen, R.N., P.H.N. Sup. Health & Speech Fountain Valley School Dist. Fountain Valley, CA.	Information re: field testing.	Application kit sent.
Thelma Coyle Redding Family Planning, Inc. Redding, CA.	Information re: services available. Concern was on getting family planning personnel into schools.	Field test not appropriate.
Anita Nevison Contra Costa Planned Parenthood Contra Costa County, CA.	Information re: services available. Need help on developing sexuality program for adolescent group, women's group, YWCA	One day workshop offered to staff May 21, 1976.
Lyn Midkiff, P.H.N. County Office of Education Santa Cruz, CA.	Information re: services available Not appropriate for field test. Requested help with planning teacher inservice training.	Joan Haskin reviewed curriculum for sex education program with MR - written comments.
Arnold Koenig, MPH Napa Co. Health Dept.	Assistance in working with Napa City Schools to develop a junior high sex education program.	Continued assistance all spring. Shared materials and advised. Took Napa Team through the Sex Education Seminar May 10-12. Nathalie Hawley serving on School Health Council to review Napa health needs and make recommendations to school board.
Patty Berg Family Planning Coordinator Humboldt - Del Norte County Department of Public Health	Assistance in planning and implementing a community workshop to build support for school sex education programs.	One half day planning meeting May 13 (S.F.). Nathalie Hawley coordinated two day workshop in Eureka (June 4,5, 1976.

Attachment III

Faculty

NATHALIE HAWLEY, M.S.W.
Education Department
Planned Parenthood/Alameda-San Francisco

JOAN HASKIN, M.A.
Former Director, Project Teen Concern
Coordinator, Health Education
San Francisco Community College Skill Center

ALICE VERHOEVEN, M.S.
Planned Parenthood/Alameda-San Francisco

HARVEY CAPLAN, M.D.
Former Staff Physician
Planned Parenthood/Alameda-San Francisco
Faculty Member, University of California Medical Center

MEL FOOTE, M.A.
Director, Family Life Education
California Youth Authority

HARRIS CLEMES, PhD.
Association for Personal and Organizational Development
Santa Cruz, CA

* * *

If you cannot attend but know of school districts that might be interested, please pass this information along.

* * *

NH:mb:3/76

PLANNED PARENTHOOD
ALAMEDA–SAN FRANCISCO
1660 Bush Street
San Francisco, CA 94109

Project Teen Concern

offers

SEX EDUCATION SEMINAR

A WORKSHOP FOR
SCHOOL/COMMUNITY TEAMS

May 10-12
1976

To share the experience of
two sex education projects with
school district personnel, in order to
encourage the development of
school health/sex education programs

Background

From 1972 to 1975, an Educational Program to Prevent Venereal Disease and Premature Parenthood (*Project Teen Concern*) was conducted within the San Francisco Unified School District, under contract with HEW. Project staff offered training programs designed to help teachers, parents, and other community members communicate more effectively with adolescents and pre-adolescents about responsibile desicion-making, venereal disease, human maturation and sexuality. At the same time, a *Training Institute for Sex Educators and Counselors* was developed by Planned Parenthood under a grant from OEO/HEW. Staffs of the two projects have worked closely together for four years. The Institute has been highly successful in helping teachers and other school people develop an awareness of the components of a good health education program including sex education. The staffs of Project Teen Concern and the Institute designed this seminar and offered it for the first time in May 1975. (The five school districts that participated were Carmel, Loomis, San Mateo, Red Bluff and Riverside).

Objectives

- Enhance the understanding of participants of their own feelings and attitudes
- Provide a broad knowledge of human sexual functioning including recent research
- Acquaint participants with process-oriented skills for use in the classroom
- Build a school/community support group for a district that is planning, or implementing, a health/sex education program

Eligibility

1. Enrollment in the Seminar is limited to fifteen persons
2. Five teams will be selected, each made up of three people from a school district in California
3. Application should be made as a team, and must include the following:
    - a) one member of the school board or his/her designate from the community who shall have demonstrated an interest and concern for education
    - b) one person working at the curriculum development level in Health Education (including sex education)
    - c) one teacher (K–12) who is currently teaching health education (including sex education)

The Seminar will consist of three days of intensive participation and training. Techniques will include a mixture of lectures, discussions, group exercises and audio-visual and written materials. The content will be selected from the following areas:

- Responsible decision-making
- Building self-esteem
- Developmental aspects of human sexuality
- Adolescent sexuality and communicating with teens
- Sexual relationships - intimacy and problems
- Different models for health/sex education programs

* * *

Contract funds provide for transportation to San Francisco (including air fare) and a stipend of $25.00 per day for hotel expenses.* Reimbursement for release time for *one* person per district is available if needed.

To Apply

Call or write:

Nancy Swanson, Education Secretary
Planned Parenthood/Alameda-San
Francisco,
1660 Bush Street, San Francisco,CA
94109
(415) 441-0555

* *Funded by No. HSA 240-BCHS-201(5), Department of Health, Education and Welfare.*

Attachment IV

PLANNED PARENTHOOD
ALAMEDA - SAN FRANCISCO
1660 Bush Street, San Francisco, CA 94109
(415) 441-0555

PROJECT TEEN CONCERN
SEX EDUCATION SEMINAR
May 10-11-12, 1976

PROGRAM OUTLINE

Monday, May 10

Session I: 9:00 - 12:30 pm

Introduction

About the program
Expectations

Nathalie Hawley
Planned Parenthood, Alameda-San Francisco

Setting the Framework

Determining team goals; identifying Family Life Education Program supports and constraints; the development of the Project Teen Concern model; values clarification as an approach to decision-making

Joan Haskin
Coordinator, Health Education
San Francisco Community Colleges
Skills Center

Alice Verhoeven
Planned Parenthood, Alameda-San Francisco

Luncheon Break: 12:30 - 2:00 pm

Session II: 2:00 - 5:00 pm

A Look at Several School Family Life Education Programs

Mike Sherrod, Teacher
Loomis Union School District

Mary Jane Quick, Supervisor, Nursing
Elaine Adams and Jack Leary,
Teachers, Sunset High School
Hayward Unified School District

Dorothy Patterson, R.N.
Fremont High School
Oakland Public Schools

Mel Foote, Director
Family Life Education Program
California Youth Authority

Dinner Break: 5:00 - 7:00 pm

Monday, May 10 (continued)

Session III: 7:00 - 9:00 pm

Communication in Sex Education

Discussion of sexuality in our society; how to integrate concepts of relating into humanistic education; what is intimacy and love; sexual stereotypes; what is masculinity and femininity; verbal and non-verbal communication.

Harvey Caplan, M.D.
Faculty Member, U.C. Medical Center
Human Sexuality Program

Tuesday, May 11

Session IV: 9:00 am - 12:00 noon

Quotes Without Comment: feedback session - 9:00 am - 9:30 am

Understanding Sexuality - 9:30 am - 12:00 noon

History of sex research, a review of the anatomy and physiology of reproduction; the sexual response cycle; common sexual problems.

Harvey Caplan, M.D.

Lunch Break: 12:00 - 1:30 pm

Session V: 1:30 - 4:30 pm

Adolescence and Sexuality

Discussion of the basic tasks of adolescence; exploring our own adolescence; consideration of teenage pregnancy.

Alice Verhoeven

Wednesday, May 12

Session VI: 9:00 - 12:00 noon

Quotes Without Comment: feedback session: 9:00 - 9:30 am

Looking Ahead

A session devoted to identyfying a plan for overcoming constraints and achieving goals.

Harris Clemes, Ph.D.
Associates for Professional and
Organizational Development
Capitola, California

Evaluation

sw 4/76

Attachment V

PLANNED PARENTHOOD
ALAMEDA - SAN FRANCISCO
1660 Bush Street, San Francisco, CA 94109
(415) 441-0555

PROJECT TEEN CONCERN : SEX EDUCATION SEMINAR
May 10, 11, 12, 1976

SUMMARY OF EVALUATIONS

The following is a summary of evaluations received from the 18 participants.

Rating of each session:	Frequency Distribution Excellent	Good	Poor	No Answer
I. Setting the Framework (Staff)	7	9	2	-
II. Family Life Education Programs California Youth Authority, Oakland, Hayward, Loomis (Mel Foote, Dorothy Patterson, Mike Sherrod, Mary Jane Quick, Jack Leary, Elaine Adams)	8	10	-	-
III. Communication in Sex Education (Harvey Caplan)	16	2	-	-
IV. Understanding Sexuality (Harvey Caplan)	17	1	-	-
V. Adolescence and Sexuality (Staff)	8	9	-	1
VI. Looking Ahead (Harris Clemes)	8	7	2	1

* * * * * * *

Rating according to time allotted for each:	Frequency Distribution Too little Time 1	2	Right Amount 3	4	Too much Time 5
I.	3	6	8	1	-
II.	1	6	10	-	1
III.	4	3	10	1	-
IV.	4	2	10	1	1
V.	1	3	11	2	1
VI.	2	4	11	-	1

Page 2

Rating of techniques/materials
a. in this seminar
b. in the classroom and/or in training other adults

		FREQUENCY DISTRIBUTION					
		Excellent 1	2	3	4	5 Poor	no ans.
1. Values clarification strategies	a.	6	3	1	6	-	2
	b.	8	5	-	1	-	4
2. Question cards	a.	7	7	4	-	-	-
	b.	7	7	1	-	-	3
3. Ambiguous questionnaire	a.	6	6	3	2	-	1
	b.	7	6	1	-	-	4
4. Film: "Are We Still Going to the Movies"	a.	7	3	6	2	-	-
	b.	7	4	4	-	-	3
5. Quotes Without Comment	a.	1	8	7	1	-	1
	b.	1	6	7	-	-	4
6. Family Life Education content input (students/staff)	a.	5	7	4	-	-	2
	b.	5	7	2	-	-	4

* * * * * * *

To what extent were your personal expectations met in the training program?

	Frequency Distribution					
Not at all	1	2	3	4	5	As completely as possible
	-	2	-	8	7	

* * * * * * *

Was anything omitted that would have been helpful to you in meeting your expectations?

- -(4) Strategies used by other districts to overcome board and community opposition--specific suggestions from others' experience.
- -(4) Values clarification (either eliminate or expand)
- -Would like more info on emotional side of being a teenager and on the conflicts involved
- -(3) No
- -Was a very excellent conference. Learned a lot and enjoyed the speakers. Turning out a final product was very significant

-Only in that further training in the process seemed necessary. This would have helped me understand what I was supposed to do next.
-More preview of available materials, discussion of material appropriateness to various grade/maturity levels.
-1. Strategy session should have dealt with goals as relating to progress and choices of progress.
2. Flexibility by staff to respond to and understand, goals and expectations of teams.

Additional Comments:

-The workshop was excellent for my personal sexuality--good to have time to discuss the subject with others--well organized. However, my expectations were not met--perhaps a problem in communication.
-Well done, extremely interesting, helpful and illuminating.
-It is still adults talking about teenagers. I would liked to have heard from teenagers about teenagers.
-This conference has probably been the most meaningful workshop of any sort I've ever attended. I appreciate the enormous amount of work and preparation behind in, the enthusiasm of PP staff, the quality of guest speakers, and the enthusiasm of participants. Thanks so much. It was great.
-I may have gained more personally--indicating some concern that course was too personalized and not aimed at school and professional team needs. Planners did not evaluate their consumers as teams.
-Good experience. Changed my attitude about Planned Parenthood (for the better).
-Also good materials for handouts. Enjoyed it greatly.
-I gained a great deal, I feel that perhaps too much time was spent on the "games" at the expense of other areas.
-An excellent learning/growing experience. It's nice to leave a workshop with a plan of action. Good balance provided of personal and professional needs. Thank you!

sw
5/76

Attachment VI

Sex Education Seminar for School/Community Teams

May 10 - 12, 1976

California School Districts Accepted

- Berryessa Union School District
- Castro Valley Unified School District
- Milpitas Unified School District
- Napa Valley Unified School District
- Shasta Union High School District
- Albany Unified School District

California School Districts Applying but not Accepted

- San Diego City Schools
- Franklin-McKinley School District, San Jose
- Weed Union School District
- Campbell Union School District
- Western Placer Unified School District
- Tule Lake Middle School, Tule Lake
- Monte Vista Union High School District
- Fremont Unified School District
- Arcata Union High School District
- Golita Union School District

OFFICE OF EDUCATION
DR. RICHARD R. FICKEL, SUPERINTENDENT

COUNTY OF SANTA CRUZ

GOVERNMENTAL CENTER

701 OCEAN STREET SANTA CRUZ, CALIFORNIA 95060
TELEPHONE: 408 425-2241

SANTA CRUZ COUNTY BOARD OF EDUCATION
MRS. SUE STAPLETON, PRESIDENT
DR. DOUGLAS A. PERSON, VICE-PRESIDENT
JULIAN CAMACHO
MRS. JULIA J. GOTTHOLD
MRS. FRANCES KEMPTON
MRS. MARILYN LIDDICOAT
IAN D. MCPHAIL

To Whom It May Concern:

The Sex Education Inservice Training currently being conducted by Planned Parenthood of Santa Cruz County is outstanding. Excellent organization and detailed coverage of numerous subjects by well informed, high quality speakers are characteristic of the Planned Parenthood program. The topics are current, and essential to the know-how of sex-education teachers and counselors in the school system today.

Planned Parenthood of Santa Cruz County has also provided an unique and ne cessary program of sex information and discussion for the students of Sunshine School, a special county run school for troubled teenagers who greatly need this skilled service. For two years we have experienced a series of six sessions with the Planned Parenthood staff, and we sincerely hope we will have it each year in the future.

We use Planned Parenthood of Santa Cruz County also as our most reliable resource for referral of students in need of specific pregnancy, or birth control counseling. A modest estimate of clients would be 50% of our female students, and 25% of our male students in the past two years.

Our whole staff relies on Planned Parenthood staff for consultation for student problems. We hope this can continue.

Sincerely,

Peg Smith

Peg Smith..Teacher/counselor
Sunshine School
5721 Soquel Drive, Soquel
County Office of Education
Santa Cruz, California

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
165 BLACKBURN STREET
WATSONVILLE, CALIFORNIA 95076

MAILING ADDRESS
POST OFFICE BOX 630
95077
408 722-8231

December 1, 1977

To Whom It May Concern:

I am writing this letter in support of Planned Parenthood's educational activities and services in the Pajaro Valley Unified School District.

Planned Parenthood has provided direct services to students in the classroom by responding to teacher and administration requests of from one class period to a complete sex education program lasting 10 weeks. The 10 week program was in conjunction with two teachers who were developing a new program in our continuation school.

In addition to direct services in the classroom, Planned Parenthood has served in a consultancy role for teachers in planning program and developing specific teaching units. In a more global effort, they have developed a specific in-service program for 7-12 teachers who have a responsibility for implementing the sex education programs in our district. This in-service program grew out of a survey that indicated we were not consistent or articulated in serving the needs of our 7-12 students.

We have found that many of the teachers who are responsible for sex education do need and want in-service, consultancy and in-classroom assistance in this area and Planned Parenthood is capable and willing to provide it, if they have the necessary time and resources.

We need the continued involvement and expertise of Planned Parenthood and I support their efforts to identify needed resources.

Sincerely,

Frank Cooper

Frank W. Cooper
Director, Educational Services

FWC:ml

NORTH SALINAS HIGH SCHOOL
SALINAS UNION HIGH SCHOOL DISTRICT

Malcolm W. Young
PRINCIPAL

Telephone (408) 449-1551

55 Kip Drive
SALINAS, CALIF 93901

January 5, 1978

Mr. James Hausen
Department of Health, Education, Welfare
Public Health System/Family Planning Unit
50 United Nations Plaza, Room 351
San Francisco, California 94102

Dear Mr. Hausen:

As the director of a pregnant minor's program, I have seen the need for a comprehensive packaged sexual health program. This is a highly sensitive, complex area in education; therefore, it would be helpful to have materials that have been well researched and tested.

There is also a particular need for sex education programs to be updated and integrated into sociology, marriage and the family, health, and communications courses. Special consideration should be given to the educational needs of the junior high school students. National studies have shown an increased number of pregnancies from this group.

Teachers would welcome ongoing training facilitating the implementation of a sex education program. Trainers should not only have experience working with students but should also be able to present approaches geared towards dealing with parents and administrators.

The Santa Cruz Planned Parenthood office has been a valuable resource for me in the area of sex education. I look forward to programs and materials they will be developing in the future.

Sincerely,

Marilou Alexander

Marilou Alexander
New Directions School

MA:bl

Family Planning Councils of Santa Cruz County

330 Soquel Avenue
Santa Cruz, California 95060

(408) 425-1851

March 17, 1978

James Hauser
Dept. of HEW
Public Health System (Family Planning Unit)
50 United Nations Plaza, Room 351
San Francisco, California 94102

Dear Mr. Hauser:

The Family Planning Councils of Santa Cruz County would like to voice their strong support for Planned Parenthood's Sex Education Program Development Project. If it weren't for their education department's efforts to implement sex education programs in this county, very little would now be being offered in our secondary schools in the area of sex education.

Education in family planning and sexuality is a necessary and integral part of reproductive health care. As organizations that work with women and men in need of family planning services and information, we are well aware of the pressing need for broader sex and health education programs. In order that we truly provide our citizens with comprehensive health care, we must also provide them with the knowledge to take responsibility for their own physical and mental well being.

We sincerely urge that you fund this timely project.

THE FAMILY PLANNING COUNCILS
OF SANTA CRUZ COUNTY

Santa Cruz City Schools

March 17, 1978

Jim Hauser
Department of Health, Education & Welfare
Public Health System (Family Planning Unit)
50 United Nations Plaza, Room 351
San Francisco, California 94102

Dear Mr. Hauser:

I write on behalf of the secondary school administrators in our District in support of the Planned Parenthood Sex Education Program Development Project.

I have had the opportunity over the last four years to become acquainted with the work of Planned Parenthood staff and volunteers in our six junior and senior high schools. I am very pleased to be able to report that the response of administrators, teachers, students, and parents has been highly favorable.

The Planned Parenthood project to develop a sex education framework and model semester health and communications course will be extremely valuable in our District's efforts to provide our students with a meaningful and relevant health and sex education program. It will also undoubtedly be helpful to other districts currently seeking adequate models for health instruction.

We feel that Planned Parenthood's work in the schools is of critical importance to our curriculum and students, and we wish to continue and expand our cooperative arrangement with this organization.

Incidentally, I wear another hat too--that of President of the Governing Body of the Mid-Coast Health Systems Agency. This Planned Parenthood project is consonant with the aims of both the school system and the Health Systems Agency.

I do hope that the Department of Health, Education and Welfare will fund this extremely worthwhile project.

Sincerely,

Joseph K. Blackman
Assistant Superintendent
Secondary Education

JKB/dbg

SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT

DR. DONALD A. RHODES
Superintendent
(408) 336-2241
WILLIAM F. MITCHELL
Asst. Superintendent
Business Services
(408) 336-2201

POST OFFICE BOX 390
BEN LOMOND CALIFORNIA
95005

18 March 1976

TO WHOM IT MAY CONCERN:

During the Fall 1975 semester, Planned Parenthood of Santa Cruz, conducted a six day instruction unit on Human Sexuality in our Freshman Level Health Education classes.

The presentation was carried out in our regular instructional program under the supervision of the classroom teacher.

The class was thoroughly taught with many alternatives considered.

During the course of this instruction, seven other teachers and three counselors sat in on various sections of the class. All of these ten persons endorsed the program as realistic, well taught and much needed instruction.

Student response, as determined by anonymous questionnaires, was overwhelmingly positive.

I would not hesitate to recommend the Human Sexuality Course as devised and taught by Planned Parenthood of Santa Cruz, for inclusion in the sex education portion of our Health Education classes under the supervision of the regular classroom teacher.

Sincerely,

Dorthea M. Jennings

Dorthea M. Jennings
Science Department Chairperson
SAN LORENZO VALLEY HIGH SCHOOL

SAN LORENZO VALLEY HIGH SCHOOL   Kenneth W. Bailey, Principal   Paul T. Moser, Vice Principal   335-4125

LOMA PRIETA HIGH SCHOOL
319 LA FONDA AVENUE, SANTA CRUZ, CALIFORNIA 95065
426-6000, Ext. 343

June 1, 1977

Dear Chairman of the Board,

It has come to our attention that the CAO office has not recommended revenue-sharing funds for Planned Parenthood for the coming year. We were dismayed to hear that losing these funds would force Planned Parenthood's excellent school education program to be cancelled. This program has been essential to our school and we urge that CAO's recommendation be reconsidered by the Board.

Planned Parenthood presented their sex education unit to a Family Living class at Loma Prieta in November of this school year. We were so impressed with the thoroughness of their presentation that we suspended all classes for the first week of the spring semester and held the program on a school-wide basis, with all students and teachers participating unless exempted. We cannot emphasize strongly enough the value of this program to our students.

Due to the special needs of our school, the staff at Loma Prieta is always searching for high quality community resources to implement our own educational program. Planned Parenthood is the only organization in this community offering a comprehensive sex education program. Their program is of the highest professional quality, and is informative as well as excellently planned. They provide students with essential information as well as the decision-making tools needed to use that information well. Both students and staff were greatly impressed by the speakers' preparedness, availability and warmth. In addition, students who never before knew where to seek such help and information now use the resources of Planned Parenthood often since the procedures are familiar to them and they are comfortable seeking help from a staff they know quite well.

We feel that the county gains a crucial service by having Planned Parenthood provide these programs to our students and we can't imagine a program more worthy of our revenue-sharing funds. We urge you to fund this program for the coming year. It is an essential service of the highest quality.

Respectfully yours,

Dennis J. McGinley

The Staff of Loma Prieta

YOUTH SERVICES

ASSISTING YOUTH IN MAKING CHOICES –
ASSISTING THE COMMUNITY IN PROVIDING CHOICES

North County Office • 265 Water Street • Santa Cruz, CA 95060 • (408) 425-0771
South County Office • 107 California Street • Watsonville, CA 95076 • (408) 728-2226

November 22, 1978

To Whom It May Concern:

Planned Parenthood has provided excellent educational programs in our local schools. As service providers to adolescents and their families, we respect and seek their expertise for our clients.

If Planned Parenthood's resources were increased we would have great use for their consultation. We generate over 20,000 hours of volunteer service every year. Consultation and training by Planned Parenthood would vastly increase our volunteer's impact with their adolescent clients.

As a community agency, we urge you to support Planned Parenthood's request for funds.

Sincerely,

Terry Moriarty, J.D., Ph.D.
Director
Youth Services

TM:sp

Youth Services is a component of the Santa Cruz Community Counseling Center.
A private, non-profit, tax exempt corporation.

J.E.T. School
Santa Cruz County Office of Education
P.O. Box 1299
Santa Cruz, Calif. 95060

Planned Parenthood
420 Ocean Street
Santa Cruz, Calif. 95060

To whom it may concern:

I have taken advantage of Planned Parenthood's educational services for the past two years in my court school class, and plan to have another two-week, ten-hour program this January. These programs have been an extremely valuable addition to our regular curriculum. The educators have immediately and consistently won the respect, attention, and interest of the students.

I am pleased to know that Planned Parenthood is submitting a proposal for model programs next year, staff in-service training on teen sexuality which could prepare us to present the program to the students ourselves, with Planned Parenthood materials. I am eager to schedule such a training session for both school and probation personnel in our program.

Sincerely,

Mark A. Mathews
Mark A. Mathews

School Age Parenting Program
165 Blackburn St.
Watsonville, Ca. 95076

Steven Bignell
Planned Parenthood
420 Ocean St.
Santa Crus, Ca. 95060

RECEIVED DEC 0 7 1978

Dear Steve,

We would like to express our appreciation for your services in the Watsonville area. Your speakers, referral services, birth control services, and other resources are a tremendous contribution to our program.

The frequent rise of these services is only one indication of the unmet need for clinic services in the Watsonville area, especially in view of the limited availability of clinic services to low income women in this part of the county.

We are looking forward to working closely with your program in the future, particularly in light of the possibility of clinic services.

Sincerely,

Sharon Redford,
Veronica Peña
Karen Jennings
Clara Keith
Lisa Sagami
Kim Leon

WILLIAM B. FRANKLIN, Pastor
107 KLASSEN LANE
WATSONVILLE, CALIFORNIA 95076
724-3407

Watsonville
CHURCH OF THE NAZARENE

710 GREEN VALLEY ROAD • WATSONVILLE, CALIFORNIA 95076 • 722-2407

February 28, 1980

Nancy Abbey-Harris
Planned Parenthood of Santa Cruz County
212 Laural St.
Santa Cruz, CA. 95060

Dear Nancy:

Thank you for your most gracious letter. Be assured that I considered it a privilege to participate in the panel.

I want to express my appreciation to you for the beautiful way in which you chaired the panel at Cabrillo and the sessions at Pajaro Dunes. I felt that they were both highly profitable.

I trust that we shall have many opportunities in the future to cooperate in our mutual concern for the welfare of the youth of this area.

Sincerely,

William B. Franklin

William B. Franklin

WBF/sls

"Lifting Up Christ"

RECEIVED MAR 3 1980

[illegible] Rd
Scotts Valley, Ca.

To Whom It May Concern,

I have been a participant in the Santa Cruz chapter of Planned Parenthoods' teacher training program.

As a sex education teacher, in a very conservative community, I took on this teaching assignment with great apprehension and, even, fear. I felt I could learn, if I had to, enough of the basics to teach the course but knew I would be something of a bumbling idiot underneath it all.

Planned Parenthood invited me to attend a series of workshops designed to train junior high and high school sex education teachers, which my principal & I eagerly agreed would be a potentially useful learning experience.

Having attended three of the six workshops I have no doubt that I have learned a great deal and am a much more successful teacher in this field than I might otherwise have been. Not only have I gained extensive knowledge of the subject, and had many unknown questions and answers presented and discussed, but I have become much more comfortable in presenting this to, and discussing sex education with, my students.

The course outline Planned Parenthood is presenting is well thought out, tastfully done, and probably the most interesting and practical informational course I have ever taken.

I sincerely urge you to continue your support of this program as it is a most useful and worthwhile organization and a need in our community.

Sincerely,

Rebecca J. [illegible]

Pájaro Junior High
Watsonville, CA 95076
28 November 1977

To whom it may concern:

I am a junior high school teacher who will be starting a human sexuality class at my school next semester. To assist me in this process, I am enrolled in a series of sex education workshops sponsored by Planned Parenthood of Santa Cruz County. We are only halfway through the series, and already the help has been of *great measure* — we've listened to locally and nationally known speakers, received current and pertinent facts and information, and, most importantly, are participating in an ongoing dialogue of how to best implement this in the classroom.

For the junior and senior high school-teacher, this last item is of critical importance. Students can listen (physically) to facts until doom's end, but how do we make it important to them?? I want my students to relate our class to *their lives*! It has to make a difference; there must be an increased awareness of how they, the students, can use knowledge and consciousness to take responsibility for their lives, their values, and their human relationships.

If I sound excited about this process, then the answer is simply . . . . I AM! And part of this excitement comes from the dynamics of our workshops, the new people I've met, the mental exchange, the sharing of problems, etc., etc. You know, the one thing that is quite reassuring to remember is that the last workshop in January doesn't signify the end of my relationship with Planned Parenthood, or the people I've met through them. All of this is an ongoing process; we share ourselves.

This letter may sound a bit hasty or tangential (being written during my prep. period at school), but please believe its sincerity. Planned Parenthood is doing great things!

Sincerely,
Lisa Correa
LISA CORREA

St. Patrick's
721 Main St
Watsonville CA.
Dec. 3. '78

Dear Mr Baker,

I have been asked by Nancy Hartsell to look through the proposed Family Life framework that has been drawn up. I think such a program is important and can be of great help to young people. Having read through it I think the most important issue is not its content, but, rather, the perspective from which the various areas are presented.

Hoping the endeavour will be a success, Sincerely

Fr. James Henry

Office of the Principal

401 King Street
Telephone 429-3860

SANTA CRUZ CITY SCHOOLS
Mission Hill Junior High School
Santa Cruz, California

November 29, 1977

TO WHOM IT MAY CONCERN:

The Planned Parenthood program has really been a terrific help in establishing a sex education course for Mission Hill Junior High. Before they came to our school, the program consisted of what knowledges each instructor had. But with their assistance, the following positive changes have occurred:

1) The program has become more organized
2) More current statistics for California and our county were made known to students
3) Audio-visual aides and proper instructional techniques were used

I'm hoping that with their continued presentations to our students that we will, in the near future, need only to draw on them as a resource instead of actually teaching the classes. Planned Parenthood is our only reliable and consistent source for teaching techniques and current facts, and I would hate to lose their needed support.

I do hope that Planned Parenthood continues to receive funds hat will allow them to maintain or even increase their support d training of school personnel and programs.

Sincerely,

Joyce Grellmann

Joyce Grellmann
Physical Education Teacher

Live Oak School District
DISTRICT OFFICE 1916 CAPITOLA ROAD, SANTA CRUZ, CALIF. 95060 (408) 475-6333
LIVE OAK SCHOOL 1916 CAPITOLA ROAD 475-2000
DEL MAR SCHOOL 1959 MERRILL DRIVE 475-6565
GREEN ACRES SCHOOL 966 BOSTWICK LANE 475-0111
INSTRUCTIONAL MATERIALS CENTER 966 BOSTWICK LANE 475-1110

29 November, 1977

Dear Sirs,

The Planned Parenthood Association of Santa Cruz County is currently involved in producing a series of seminars for educators regarding an extremely volatile portion of our curriculum. I have attended these seminars. They have not only presented invaluable content material but also provided our community with pertinent information as to the importance of sex education in the schools.

This approach involving community and schools seems to be most effective in terms of overcoming apathy and/or fear on the part of parents and educators.

Any grant the Planned Parenthood Association requests is certainly well worth it for their continued involvement in this program.

Sincerely

G. Gordon Boudreaux
G. Gordon Boudreaux
Chairman, Science Dept.

MISSION HILL
JUNIOR HIGH SCHOOL
425 KING STREET
SANTA CRUZ, CALIFORNIA 95060
(408) 426-6000

November 23, 1977

Steven Bignell, Education Director
Planned Parenthood of Santa Cruz County
421 Ocean Street
Santa Cruz, Ca. 95060

Dear Steve,

Mission Hill has now been involved with the Planned Parenthood Program for the past two years. In that time I feel your personnel have been able to bring to our students a program that is so desperately needed for this age group. We are continuing to see youngsters within this age group confronted with serious decisions that they will need to make as they move thru the secondary schools. Your program will, for the most part, provide them with the background information which will, hopefully, enable them to make wise decisions.

I am also deeply indebted to your staff for the staff development activities that have been made available to the teachers at Mission Hill Junior High. I feel we now have a cohesive team approach for dealing with this very sensitive material.

Parents will continue to show their concern about the method and manner in which this material is presented. Your staff has dealt with these concerns in a professional and positive manner. I feel your program is flexible enough to meet the diverse needs of our students. I would like to take this opportunity to extend my sincere appreciation for these efforts.

Sincerely,

Ramsey E. Thornley

Ramsey E. Thornley
Principal

319 La Fonda Avenue

426-6000, Ext. 202

Santa Cruz City Schools

Loma Prieta High School

Santa Cruz, California 95060

Nov. 30, 1977

To Whom It May Concern:

Many of the students at Loma Prieta High School have benefited greatly from the programs Planned Parenthood has presented here over the last few years.

The Planned Parenthood staff has been more than generous with their time. In addition they have been flexible enough in their presentations to have dealt successfully with the special needs of continuation students.

At present they are in the process of providing in-service training for two of Loma Prieta's teachers. The training sessions have been informative and well organized and have proven invaluable in establishing our own program at Loma Prieta.

Based on a long and fruitful relationship with Planned Parenthood, the entire staff of Loma Prieta supports Planned Parenthood's application for grant monies. Hopefully, with both financial support and community good will, Planned Parenthood will be able to continue and expand their program in Santa Cruz.

Sincerely,

The Staff of Loma Prieta High School

PRINCIPAL

Cabrillo College
6500 SOQUEL DRIVE
APTOS, CALIFORNIA
95003

June 6, 1976

I want to publicly acknowledge the invaluable service provided by Planned Parenthood to our students in Child Development. Each semester speakers have come to Cabrillo, free of charge, and lectured on contraception and community resources for birth control. The students in these classes range in age from 17 to 63 (this year!). Many work closely with families in childrens' programs throughout the county. Time and again they tell us how helpful the information has been - both for themselves and for those with whom they work. The highly skilled manner in which the lectures are done has made it possible for students to comfortably ask questions and truly absorb new information. The impact of this service cannot be underestimated.

Julie Olsen Edwards
Julie Olsen Edwards
Early Childhood Education

jmt/JOE

Renaissance
High School
440 Arthur Road
Watsonville
CA 95076
(408) 722-9231

June 4, 1976

Board of Supervisors
County Governmental Center
701 Ocean Street
Santa Cruz, CA 95060

To Whom It May Concern:

Planned Parenthood, in working with our school earlier this year, proved most effective in an area of education in which we feel a great need.

We hope that they will be able to continue and expand their work in the future.

Sincerely,

Mary Altier

Mary Altier
Renaissance Teacher/Counselor

May 28, 1976

251 Wingfoot Dr.
Aptos, Calif.
95003.

Mrs. Sandy Orwitz, Director
Planned Parenthood
421 Ocean
Santa Cruz, Calif.

Dear Mrs. Orwitz,

As this school year comes to a close, I want to take this opportunity to thank you for your contribution to my classes. As a teacher I really appreciate having Steve Bignell and Gail Michaels come to make the presentation on birth control. I believe they do an outstanding job. Although I could make a similar presentation I feel guest speakers are more impressive. With this subject we can only hope these young adults will be more responsible in the future after hearing Steve and Gail.

I sincerely believe Planned Parenthood has made a valuable contribution to our county, and I hope its services will continue to be available to all of us in the future.

Thank you again,

Wayne N Johnson

Wayne N. Johnson
Teacher Aptos High School

SANTA CRUZ CITY HIGH SCHOOL DISTRICT
Inter-Office Memo
May 28, 1976

TO: Santa Cruz County Board of Supervisors

FROM: Joseph K. Blackman, Assistant Superintendent - Secondary Education

RE: Revenue-Sharing Application - Planned Parenthood

I write in support of the Planned Parenthood application.

Volunteers from this program have provided valuable instruction in our secondary schools and in our Teenage Mothers program.

Parenting is one of life's most important and profound experiences. Adolescents need information, guidance, and preparation for this role. Some of them get this in school or not at all. Planned Parenthood provides the schools with valuable assistance in this vital task, and I am hopeful that this assistance will continue.

Thank you very much.

JKB/dbg

Office of the Principal

Walnut Ave. at California St.
Dial GArden 3-7360

Santa Cruz City Schools
Santa Cruz High School
Santa Cruz, California

May 28, 1976

Santa Cruz Board of Supervisors
Santa Cruz, Calif. 95060

Dear Sirs:

I am writing this letter in support of the Planned Parenthood group of Santa Cruz County.

I am presently teaching a nine week course called Community and Personal Health which is now a State requirement for all Sophomores at Santa Cruz High School:

Recently we had the privilege of using the resources of planned parenthood who sent us two very outstanding young women. They gave my classes a wide variety of valuable information on Venereal diseases. They had a well planned and fast moving attack on V.D.,and I understand they have also talked with groups at Soquel and Loma Prieta High Schools as well.

I urge your board to please support them from the revenue sharing monies.

They truly are a useful and valuable part of our community and county and are so cooperative with the schools.

Thank you very much.

Sincerely,
Mary P. Bates
Mary P. Bates
Community Health
Santa Cruz High School
Santa Cruz, Calif. 95060

WATSONVILLE HIGH SCHOOL

Watsonville, California 95076

January 14, 1976

PLANNED PARENTHOOD
Santa Cruz, CA.

RE: School Programs Provided
by Planned Parenthood Staff

The last 3 years, we, Len Davies and Rhea DeHart, have used the informational resources, staff and talents of the Planned Parenthood Association.

Every semester a Planned Parenthood staff member has provided for the students in my Adult Education Sociology class an informal program -- rated by the students as among the best of the many programs of the semester.

This semester Rhea DeHart and Len Davies invited Planned Parenthood into Federal Government, You and the Law, and Psychology classes to present a 2-day forum concerning Sex and the Law. We sent letters to the parents explaining the program and the areas covered. Two parents asked that their students be excluded. The students had nothing but praise for the program -- the only criticism was that the subject needed much more time and emphasis in the program!

Because of student praise and need, we plan to expand and make fuller use of the resources of the organization.

Rhea DeHart
Len Davies

Rhea DeHart
Len Davies

January 13, 1976

To Whom It May Concern:

This letter is in enthusiastic support for Gail Mechaeles and her school presentation sponsored by Planned Parenthood.

Gail, who had been highly recommended by a fellow teacher, recently brought her presentation to my Women's Studies class at Capitola Intermediate School. It consisted of five seperate sessions of an hour each. In a very professional manner, she covered the vital areas of phsiology, birth control, abortion, and V.D. She accompanied herself with excellent visual aids and answered questions as they came up very honestly.

Aside from being extremely informative, Gail did not neglect the areas of values and the responsibilities that go naturally with the acquiring of sexual maturity and knowledge. She did this in a very skillful manner, drawing from the girls' own feelings in a discussion setting. Given the respect they deserved as thinking, feeling human beings coupled with the knowledge of their sexual beings, they were able to recognize, on their own, that the decisions they would be making about themselves and their bodies would require careful consideration.

As a result of this intelligently presented program, each one recognized that the ultimate responsibility lie within themselves.

I was extremely appreciative of the fact that at no time did Gail allow her own (or any other) personal beliefs to enter into her presentation on any level. She dealt with the facts and stressed that decisions in these areas were a matter of individual conscience and choice.

My class felt very privileged to have received what Gail had to offer--the opportunity to be trusted with the facts and the chance to discuss and share their own feelings. They enjoyed the presentation so much that we have rescheduled Gail to visit us again this month. This time we plan to spend more time on discussions centering around values and responsibility.

I found Gail sensitive to my needs as well as to the needs of the girls in my class, and for that reason, extremely flexible. I feel strongly that if you do not allow this type of presentation into your classes, you are neglecting a great need in the development of your students as full human beings, who must function in a rapidly changing society. My biggest regret is that this presentation was only available for the girls in my Woman Studies class. I feel that it is not only suitable, but vital for both sexes of junior high and high school age.

Sincerely,

Ellen Folino

Ellen Folino

San Lorenzo Valley High School
7105 Highway 9
Felton, CA

March 20, 1976

Planned Parenthood
Santa Cruz, CA

To whom it may concern:

Planned Parenthood of Santa Cruz taught a six day unit of sex education in my freshman health classes. The unit was well planned, audio visual materials were excellent, and the creative teaching ideas used were great. The response of the majority of students to their presentations was very favorable. I was especially impressed with the discussion techniques used for such controversial subjects as abortion. The atmosphere and technique allowed ideas and beliefs to be expressed freely. The preparation and background of both instructors was excellent. I would very much like to have Planned Parenthood teach again in my health classes.

Sincerely,
Joan Brown
Joan Brown
Teacher

JAMES L. DePUY, M.D., INC.
DAVID E. BUSHMAN, M.D., INC.
PERCY G. JONAT, M.D., INC.
FELIX B. ALFARO, M.D., INC.
SEAN P. MURPHY, M.D.
MEDICAL OFFICE BUILDING
20 [illegible] STREET
WATSONVILLE, CALIFORNIA 95076

communication
group center

RECEIVED AUG 31 1978

August 29, 1978

Nancy Hartsell
Planned Parenthood
Of Santa Cruz County
421 Ocean Street
Santa Cruz, CA 95060

Dear School Board Members:

I have read the outline of the proposed family life curriculum framework for high school juniors and seniors. I agree with the concept and the outline. I feel this approach would be beneficial as a supplement for students in the 11-12th grades. It may even be possible to offer an abridged course to 7th thru 10th grades provided it could meet the needs and expectations of parents, educators and the students.

Sincerely yours,

David E. Bushman, M.D.

DEB:em

Renaissance
High School
440 Arthur Road
Watsonville
CA 95076
(408) 722-9231

January 12, 1976

TO WHOM IT MAY CONCERN:

Planned Parenthood of Santa Cruz developed and provided a sex education workshop for Renaissance High School from December 1st to December 19th, 1975.

The staff at Renaissance High School feels this program was extremely informative, very successful, and provided the student body of 180 students with a much needed program.

The program is designed to meet students at individual levels of knowledge and sophistication regarding sex education. The program was very non-threatening to students who voluntarily participated with parent consent.

We wholly endorse Planned Parenthood of Santa Cruz and their efforts to bring sex education to the high school campus. They are a very professional group.

Raymond L. Shurson
Principal

195 Siesta Drive
Aptos, CA 95003
17 July 1978

Hon. Marilyn Liddicoat
Board of Supervisors
701 Ocean Street
Santa Cruz, CA 95061

RE: PLANNED PARENTHOOD

Dear Supervisor Liddicoat:

During this past year, I served as a member of a community committee offering input to Planned Parenthood's school sex education program.

Although the committee consisted of parents having a wide diversity of views on the subject of how sex education should be presented, the committee was, however, united in its belief that it should be taught at the secondary school level, and the curriculum developed by the committee represented those diverse views to the satisfaction of all member-participants.

It is my feeling that Planned Parenthood's trained and experienced staff are very well qualified to conduct this training, and I strongly urge that you support their continued funding toward that end.

Thank you.

Respectfully,

Christine M Bock

Christine M. Bock

cc: Dan Forbus
Pat Liberty
Gary Patton
Cecil B. Smith

Office of the Principal

Walnut Ave. at California St.

SANTA CRUZ CITY SCHOOLS
Santa Cruz High School
Santa Cruz, California

May 21, 1976

Gayle Michaelis and Sylvia Loftus
Planned Parenthood
421 Ocean St.
Santa Cruz, Calif. 95060

Dear Gayle and Sylvia:

We of the Santa Cruz High School Community Health Class of 1976 would like you to know how much we appreciated having you visit and talk with out classes Prd. 1,2,3,4. on May 21st. Your talk was most informative and well presented and we gained a lot from the talk. Thank you so very much.

Prd. I

John Burke

It was nice meeting you!

Collins

TERRY

Jennifer Thomas

Prd II

Mike

Fernando

Mark Munoz

Paula

Scott Smith

Mark

Prd. 3

Cindy Jackson

Eva

Mary

Beth Sepulveda

Prd. 4

Andre Wilkes

Chuck

Sharon

Sincerely yours,
Mary P. Bates
Mary P. Bates
SCHS Comm. Health
Walnut Ave.
Santa Cruz, Calif.

July 14, 1978

Mr. Gary Patton
County Supervisor
County of Santa Cruz.
Santa Cruz. Ca.

Dear Mr. Patton:

I am writing concerning proposed cuts in the use of State funds for the educational activities of Planned Parenthood. I am a school nurse in this area, & have seen the high quality of their work in the schools. Planned Parenthood offers a range of programs in a vital area. I endorse without qualification this significant & needed work. We are fortunate to have this well-developed, widely supported service, and I strongly urge its continued support.

Mrs Dorothy Creely

harbor high school

300 LA FONDA AVENUE SANTA CRUZ, CALIFORNIA 95060

July 12, 1978

Mr. Gary Patton, Supervisor
Board of Supervisors of Santa Cruz County
701 Ocean Street
Santa Cruz, California 95060

Dear Mr. Patton:

I am writing to support the educational program provided by Planned Parenthood for the Community/Personal Health classes at Harbor High School. Planned Parenthood provides consultant services for a two-week unit in sex education.

We feel that this support is an integral part of this class, which is offered four times each year, and we hope that the program can be continued for the 1978-79 school year.

Very truly yours,

Caroline Keller

Caroline Keller
Assistant Principal

cc: Mr. Dan Forbus
Mr. Cecil B. Smith, Chairman of the Board

To: Mr. Dan Forbus

Please let it be known that I have gone through the in-service program of Planned Parenthood. I also have had them come into my classroom at Soquel High School. I consider their program to be above reproach.

I hope the County can continue to approve their program as I believe the students are directly benefited.

Sincerely,

Kenneth E. Peterson

Kenneth E. Peterson
Soquel High School

cc: Pat Liberty
Marilyn Liddicoat
Gary Patton
Cecil Smith

Gary Patton
Santa Cruz County Board of Supervisors
701 Ocean Street
Santa Cruz, California 95060

July 12, 1978

Dear Mr. Patton:

I am writing this letter to strongly voice my support of the entire Planned Parenthood program. I speak both as a junior high school teacher who has repeatedly used the program's community educators as part of my curriculum, and as a parent of a high school age daughter who has benefitted both from the program itself and the services offered by the clinic.

I teach a Women's Studies class at Capitola Junior High School, and have found the cooperation of Planned Parenthood invaluable in providing my classes with information about: anatomy and physiology, venereal diseases, birth control, pregnancy, pregnancy alternatives, as well as related values, problem-solving skills, and decision-making. All areas have always been dealt with in a very sensitive and professional manner. Students also learned about the spectrum of community support services that are available to them.

Because of their success in dealing with my students, I am prepared, if need be, to provide additional letters of support from students, as well as their parents.

I have also attended some of the Planned Parenthood workshops which train teachers how to design and implement sex education programs in their own schools. Planned Parenthood has made an enormous contribution to our community by presenting model programs and giving training and support to many of the teachers in our community. Continuing their funding will allow them to keep on helping local teachers establish the effective sex education programs that our young people need.

It is inconceivable that a project such as Planned Parenthood's education program should be denied funds to continue its work. Such a denial would be a real step backward. If prioritizing is at issue here, it seems to me that any agency which is involved with preventative health education should be right up there at the head of the list.

Sincerely,
Ellen Folino
Ellen Folino
107 Cayuga Street
Santa Cruz, California 95062

cc: Dan Forbus
Pat Liberty
Marilyn Liddicoat
Cecil Smith

February 28, 1977

Dr. Joe Blackman
Asst. Superintendent
133 Mission Street
Santa Cruz, California 95060

Dear Sir:

I am writing to you in regard to the method currently used for birth control education. Over the past 3 years I have been enrolled in some 3 or 4 classes in which they have discussed the topic of birth control. In each class the instructor has lectured on the different methods of birth control, i.e., the 'pill', contraceptives, I.U.D., etc. None of the classes informed students, however, where they could go to obtain these, or how much each cost. Nor were the students told whether or not parental consent was needed.

I feel that this information is most important. I am sure that the majority of the student body enrolled in the Santa Cruz City School District are previously aware of the different types of birth control. On the other hand, I doubt that 1 out of 10 are knowledgable in the facts pertaining to obtaining birth control.

I am sure in my case, that if I had known where and how I could obtain birth control, I would not be in my current situation. Perhaps, in the future you will see fit to educate more students in these important facts.

Sincerely,

Lenore Olivas

Lenore Olivas
T.A.M. Student

cc. Marlin Foxworth

family
service
association of northern santa cruz county

serving santa cruz area, midcounty
and san lorenzo and scotts valleys

December 4, 1978

To Whom It May Concern:

The Santa Cruz chapter of Planned Parenthood has been able to give us valuable information on services available to women in this community. We have had a speaker from their educational division attend our staff meetings twice in the past year which has enabled our counselors to have a clear sense of the type of information and gynecological services to which we can refer clients with these needs. We have found Planned Parenthood to be more then willing to devote time to helping us understand better sexual trends in our community.

Since our caseload includes many teen-agers and women, we would welcome the chance to have more training in the future if Planned Parenthood would have the staff and funds to offer this to us. I would like to point out also that although all of our staff has had graduate courses in Human Sexuality, I feel that the Planned Parenthood personnel can add much to our existing knowledge and help us deal better with the current population of Santa Cruz. We are hopeful of running some sort of group in the future relating to women with multiple abortions and would greatly welcome any training that Planned Parenthood could offer to our leaders.

Yours truly,

Elizabeth Thayer

Elizabeth Thayer, LMFCC
Acting Director

1821½ PACIFIC AVENUE, SANTA CRUZ, CALIFORNIA 95060

Area Code 408 Telephone 423-9444
Contributions are tax deductible.
Member of THE UNITED WAY of SANTA CRUZ COUNTY

UNION SCHOOL DISTRICT
[illegible] the uniqueness
of each individual is valued

BOARD OF TRUSTEES
GARY BERGTHOLD
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MARY PEARL

DISTRICT ADMINISTRATION
RICHARD H. VAN [illegible] Ed.D
DISTRICT [illegible]
SECRETARY TO THE BOARD
JAMES M. MAXWELL
DIRECTOR OF BUSINESS SERVICES

CAPITOLA INTERMEDIATE SCHOOL
250 Washburn Street
Capitola, California 95010

November 29, 1977

TO WHOM IT MAY CONCERN:

As a teacher at Capitola Junior High School, I have found the Planned Parenthood Sex Education Program to be a great help and support for the Sex Education Program I am teaching at school this year, 1977 - 1978. Their areas of particular helpful support have been:

a. A series of lectures by outstanding people in the medical field.
b. movies
c. pamphlets
d. Values clarification sessions and informal talk sessions.

I support this program and hope for its continuance.

Sincerely,

Sherron Embrey

SHERRON EMBREY
P. E. Teacher
Capitola Junior High

SE/my

620 Monterey Ave. • Capitola, California 95010 • (408) 475-6060

SANTA CRUZ CITY SCHOOLS
Branciforte Junior High School
315 Poplar Avenue
Santa Cruz, California 95062
Telephone 426-6000, Ext. 249, 250

**Office of the
Principal**

To whom it may concern:

During the past trimester Planned Parenthood of Santa Cruz County did week long sex education programs through the P.E. classes at Branciforte Jr. High. Part of the reason of their being there was simply to pass on factual information to the students. Equally important, however, was the observation process on the part of the teachers so we could, in the future, present such programs.

Planned Parenthood is also doing an in-service sex education training program for teachers. I strongly support the programs. I believe its a very necessary part of our curriculum and should be continued.

The teachers who came to our school did an excellent job both in the classroom and at parent nights and the instructors and guest speakers at the in-service have been equally as good. I hope to see the continuation of Planned Parenthood's school programs.

Sincerely,

Barbara Carruber
Girls P.E. instructor

harbor high school

426-8000 (Ext.____) 300 LA FONDA AVENUE SANTA CRUZ, CALIFORNIA 95065

28 November 1977

TO WHOM IT MAY CONCERN:

The unit on sexuality presented to my classes by Planned Parenthood were invaluable. Their responsible handling of this sensitive subject was greatly appreciated by my students and me. In fact the students generally considered it the most helpful part of the course.

Sincerely

Debby Purvis

Debby Purvis
Health Teacher

Santa Cruz City Schools

November 28, 1977

Thelma Frazier
Office of Family Planning
State Department of Health
714 "P" Street
Sacramento, California 95814

Dear Thelma,

I write on behalf of all of the secondary school administrators in support of the application of Santa Cruz County Planned Parenthood Services.

During the past year, Planned Parenthood has taken a vital role in the implementation of family life education curriculum. Their continued help is necessary to provide consultation and training.

Existing school programs will be complemented and strengthened by their plans for parent education and training.

Planned Parenthood's peer counseling training program will materially assist us to provide a comprehensive approach to teen family planning and sex education needs.

We sincerely hope that the Department will provide continuing and much-needed support to Planned Parenthood in this county.

Thank you.

Sincerely,

Joseph K. Blackman
Assistant Superintendent
Secondary Education

JKB/dbg

Agricultural Extension Service
University of Tennessee Institute of Agriculture

Agricultural Extension Service
605 Airways Boulevard
Jackson, Tennessee 38301

July 7, 1981

✓

Ms. Dorothy Davis
Memphis Planned Parenthood Association
1407 Union Avenue
Memphis, Tennessee 38104

Dear Dorothy:

On behalf of the senior 4-H members who participated in our recent District Leadership Conference, we want to thank you and your two co-workers, Ms. Fargo and Watson, who conducted program sessions.

Our 4-H'ers indicated positive response to the presentations. We are most appreciative of your cooperation.

Very truly yours,

Alpha H. Worrell
Associate District Supervisor

ahw;vag

The Agricultural Extension Service offers its programs to all eligible persons regardless of race, color, national origin, sex, or handicap and is an Equal Opportunity Employer.

THE UNIVERSITY OF TENNESSEE AND THE U.S. DEPARTMENT OF AGRICULTURE COOPERATING

GIRLS CLUB OF MEMPHIS, Inc.
686 NORTH SEVENTH • MEMPHIS, TENNESSEE 38107 • PHONE 523-0217

PATRICIA L. HOWARD
Executive Director

DALY THOMPSON, JR.
President

May 11, 1981

Ms. Barbara Fargo
Counselor
Planned Parenthood of Memphis
1407 Union Avenue
Memphis, TN 38104

Dear Ms. Fargo,

I highly appreciate your expertise and services rendered to us on April 21 and 22 in conducting an educational presentation with my program participants.

I feel that your workshop on Family Life and Decision-Making have given the young ladies a sense of responsibility in dealing with personal problems.

Hopefully, the information gained will be an asset to each girl in making better decisions to deal with individual problems.

Thanks for your cooperation and for being interested in our program. I look forward to working with you in the near future.

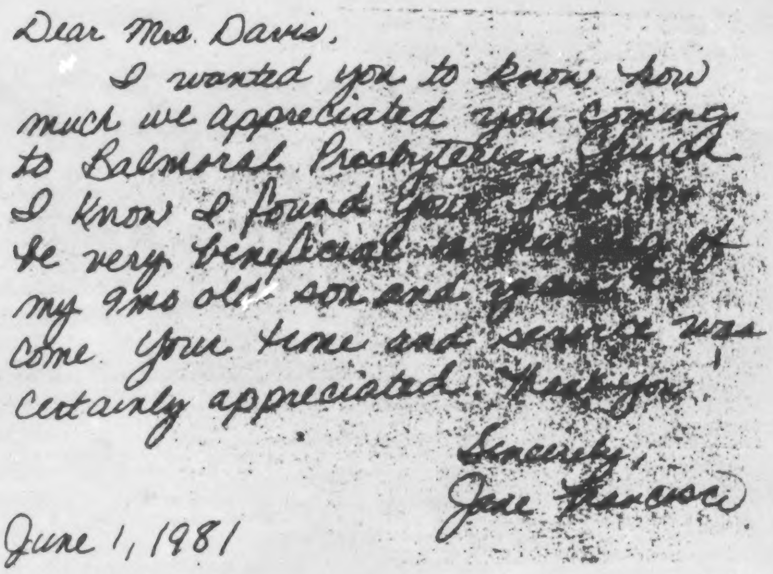
Sincerely,

Girls Club of Memphis, Inc.

Bobbie Woodhouse

Bobbie Woodhouse, Coordinator
Project J. I. F. F. Y.

BW/vbd



Dear Mrs. Davis,

I wanted you to know how much we appreciated you coming to Balmoral Presbyterian Church. I know I found your [illegible] to be very beneficial in the [illegible] of my 9mo old son and years to come. Your time and service was certainly appreciated. Thank you.

Sincerely,
Jane Francisco

June 1, 1981

Horry County School District
P O BOX 1739
CONWAY SOUTH CAROLINA 29526

March 24, 1981

Tom Russo
Horry County Health Department
Elm St.
Conway SC 29526

Dear Tom,

A special thanks to you for your efforts in organizing our recent family life education program. It was outstanding! I believe that all participants, including school board members, left with a good attitude toward the subject. Babs and Dottie also did an excellent job. Their knowledge and expertise in this curriculum area was certainly evident. I feel that it would be difficult to find two more qualified instructors. I am sure that we will be contacting them later for additional help.

Our task now in Horry County is to adopt a plan for the development and implementation of a local program. We look forward to working with you on this project and feel that your input will be vital. Thanks again for all of your assistance.

Sincerely,

Ed Curlee, Director
Secondary Education

cl

ALAMEDA HIGH SCHOOL
2201 Encinal Avenue • Alameda, California 94501
(415) 522-6700

December 17, 1979

Steve Beguill
212 Laurel St
Santa Cruz CA 95060

To whom it may concern;

As coordinator of the Family Life Education Project in the Alameda Unified School District, I wish to write in support of continuing the project as begun by the Santa Cruz Planned Parenthood Family Life Education Project. In our district, twenty four teachers were trained in a 5-day workshop to teach the unit 8 middle and high schools. Training received has enabled the teachers to implement the program with confidence and expertise.

There is a need felt by our district for the development of some specific strategies which, in the process of implementation, we felt could add depth to the curriculation. A series of meetings or workshops for coordinators and selected teachers to brainstorm the more effective and successful curriculum ideas could be very helpful.

There is also a need to expand the program to include more elementary grades. This would provide another tie-in with the California State Health Curriculum Guide.

In addition, the training I received in planning and implementing a workshop is of great help to my own professional career. I strongly recommendtd the continuance of this grant to the Santa Cruz Planned Parenthood Family Life Project.

Sincerely,

Karen K. Guthrie
Coordinator Fam. Life. Ed.
Alameda Unified School District

lk

Ravenswood City School District

ADMINISTRATIVE OFFICES
2160 Euclid Avenue, East Palo Alto, California 94303
(415) 323-9411

Luther W. Seabrook, Ed.D.
Superintendent

February 15, 1979

Ms. Ellen Wagman
Project Director
Family Life Education Program Development Project
212 Laurel Street
Santa Cruz, CA. 95060

Dear Ms. Wagman:

Enclosed is the application for a Family Life Education Program in the Ravenswood City School District. We are truly excited about the possibility of involvement in this project, particularly after reviewing the rather comprehensive curricula framework which was provided with the application. In addition, we suspect that there will be a need for alteration of the curriculum to ensure that it is appropriate for the needs of low income minority children and we will be happy to participate in the formal adaptation of the curriculum materials to the needs of similar communities.

The commitment to this project is quite clear both on the building as well as on the district level as evidenced by the involvement of Central Office personnel in the planning and implementation of the project and of the approval secured from the district Board of Trustees.

The problem of teenage pregnancy is on the increase within our district and we feel quite strongly that this is an issue which must be addressed at the junior high school level or before given the early maturation of our pupils and the tremendous ignorance about sexual issues at such as young age.

We hope that you will look favorably on our application since we are anxious to begin this program during the current academic year.

Thank you very much for your cooperation in this matter.

Sincerely yours,

Mary M. Bacon

Dr. Mary M. Bacon
Director, Student Services

MMB:mls

Enclosure

Ravenswood City School District
ADMINISTRATIVE OFFICES
2160 Euclid Avenue, East Palo Alto, California 94303
(415) 323-9411

Lynne

INTER-OFFICE MEMO

TO: Board of Trustees
THROUGH: William Rybensky
FROM: Mildred Browne

DATE: May 7, 1980

SUBJECT: FAMILY LIFE EDUCATION PROGRAM:

Ravenswood City School District was awarded an HEW grant, Spring 1979, to participate in the Family Life Education Program through Planned Parenthood of Santa Cruz County. The grant provided little monies but offered a rich curriculum with quality staff development for participating teachers.

The basic curriculum developed by Santa Cruz Planned Parenthood was incorporated as part of a year long course in Human Relations and Values Clarifications of which Family Life/Sex Education was only one component. This year the other components in the curriculum focused on the following areas: 1. Values Clarification and Building Self Esteem, 2. Friendship and Peer Relations and, 3. Drug Education. Students and parents seem to be pleased with the program, and teachers are extremely enthusiastic about the curriculum and its implementation for next year.

During the 1979-80 school year the Family Life Education Program was basically experimental in each of the four schools serving junior high school aged youngsters. Teachers were encouraged to modify the curriculum and its presentation to arrive at the most advantageous method of implementing the program. Each participating school decided where this course would be incorporated in the overall school curriculum. Implementation varied decidely from school to school. At Willow-Oaks, for example, all 7th grade and 8th grade students were programmed into a 1/2 year, non-elective, Family Life course. Classes met daily for 45 minute sessions. Although parent permission was required, only one parent declined to allow her child to participate in the class. At Belle-Haven, on the other hand, the course was offered as an elective. The year long course of study, at Belle Haven, was divided into two distinct halves with Values Clarification offered the first semester and Sex Education the second. Classes met twice weekly for 45 minutes, and students could elect to take either one or both sessions. At Kavanaugh-Oaks and Brentwood-Oaks the program also operated on an elective basis with classes meeting on a bi-weekly schedule. At Kavanaugh-Oaks fifth, sixth, and eighth graders participated in the program and at Brentwood-Oaks sixth, seventh and eighth graders participated.

The appeal of the Family Life Education Program coincided with a number of District objectives with regard to staff development as well as the ultimate content of the instructional program. These include, but are not limited to, the following:

1. Education for life, not only parenting, but towards becoming responsible citizens who are able to make decisions which are consistent with their value system and to engage in effective problem-solving;
2. The emphasis upon the regular classroom teacher as counselor and model, capable of serving as a resource person for young people who have questions and problems regarding the issues related to family life education;
3. Providing impetus for the direction development of curriculum in the areas of Family Life Education as one of the component parts of an overall curriculum in Social Studies, Civics, Values Clarification and Interpersonal Relations;
4. The focus on the concern about the increasing number of teenage pregnancies at a younger age than previously has been reported in order to make decisions relative to premarital sex and interpersonal relations.

Ten teachers and the District Nurse participated in this ongoing staff development program. All participants were carefully screened, selected and thoroughly trained. Rannie Hicks and I had the primary responsibility of coordinating and assisting participating teachers in the implementation of the instructional program. These program participants have all evaluated the staff development program positively. The program has also given participants an opportunity to discuss the curriculum among themselves. These sessions have been a positive vehicle for resolving those problems and concerns inherent in any new program but particularly in a program where sensitive issues are continually discussed.

The area of Parent/Community involvement is the one unsatisfactory component of the Family Life Program as it was implemented this year. We attempted to organize a district wide parent night designed to inform students, faculty, administrator's board members, parents and community representatives about the need for and implementation of this particular program, but attendance was poor. Next year it will be essential that there be a district level Parent/Community Advisory Board to provide adequate program planning and subsequent program continuity. This Board should insure that there is always an opportunity for the open sharing of ideas, expectations and concerns. However, it should be stated that, on the local level, there was a positive response from parents when they were invited to each of the schools to preview the curriculum and films which their youngsters would see during the semester. We must expand upon this local sense of involvement and make a district wide Advisory Board a priority for next year' implementation of the Family Life Education Program.

We are, after our first year, more convinced than ever that there is a clearly expressed need for family life and sex education. Students, parents, and faculty members have all evaluated the program positively as an honest and healthy approach to what has long been an awkward subject area. Considering that many of our young people are sexually active, it has been shocking to discover how uninformed they actually are about the entire process and its many physical, psychological, social and religious implications. We hope to continue using and supplementing this responsive curriculum yearly as we attempt to address community, family and student needs which pertain to Family Life Education.

MDB:mj

SAN JOAQUIN COUNTY HEALTH CARE SERVICES
POST OFFICE BOX 1020
STOCKTON, CALIFORNIA 95201
TELEPHONE 982-1900

November 19, 1979

RETURN REPLY TO:

To Whom It May Concern:

The Family Life Education Program Development Project, an H.E.W.-Planned Parenthood of Santa Cruz County Project, is an outstanding model for curriculum development. The expertise of the project coordinators is evident in all facets of the program. I participated in the trainer's workshop in April, 1979; and I have had an opportunity to use these training skills in the five-day teacher training component of the project. The training models and curriculum guides that have been developed by F.L.E.P.D.P. are invaluable tools for curriculum consultants, such as myself, as well as for secondary classroom teachers.

There is a need for follow-up training and consultation for the trainers who participated in the April, 1979 session. These trainers are capable of providing the impetus and direction for ongoing teacher training programs for Family Life Education in their local communities.

Another immediate area of need is an elementary curriculum program for Family Life Education. An elementary program should maintain a format similar to the present secondary education program. There should be the same quality of comprehensive teacher training and curriculum materials. This need will be even more evident as more county school systems participate in the California State Department of Education, School Health Component's "Education for Human Sexuality" Awareness Training Sessions. The Family Life Education Program Development Project, under the leadership of Planned Parenthood of Santa Cruz County, would be an excellent choice for continued Family Life Education curriculum development at all grade levels.

Sincerely,

Sheila Abdallah

Sheila Abdallah
Family Life Education Coordinator

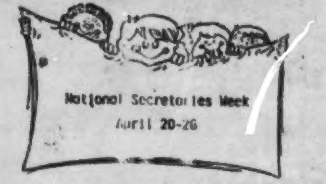
SA:ts

continued from page 1...

Active members of the District Family Life Education Advisory Committee this year, a standing advisory committee, include Sydney Dornbush (Chair), Frank Baldwin (SLHS), Irene Bumpus (JHW), Lon Buffleuger (LHS), Jenny Wade (parent), Rev. Fred Jantz (parent), Denise Heiras (LHS), Michael Jaeger (parent), Robert Thurman (CH), Tomas Harvey (parent), Rev. Dennis Olsen (parent), Karen Sampsinelli (LSC), Janet Bryant (CH), Patty Kirsten (MM), Wally Condon (LSE), Joan Tharp (LE), Marian Peters (SLHS), Bill McKeuser (LHS), Sharon Leland (parent), Mary Lattimer (LE), William Goodman (parent), Pat Cox (MB); Jo Ann Keplinger, Sally Talbot, Chet Cantrell (advisors).

Members of the sub-committee on family life curriculum who advise or who are now completing final work on the sixth-grade units include parents and consultants, as well as professional staff. Members are Janet Bryant, Bob Thurman (CH); Patty Kirsten, Pat Cox (MB); Denise Heiras (LHS), Rev. Fred Jantz, Sydney Dornbush, Jenny Wade, Sheila Abdallah; Jo Ann Keplinger, Jonathan Pearce (ED).

Ex-officio members of the committee and all sub-committees are the principals of Lincoln schools: Dee Bird (VO), Ken Brown (LSE), Jim Ellis (MB), Dick Goedtke (SLHS), Bill Lima (JHW), Bette Lou Miller (LE), Will Pool (CH), Raymond Strong (TCK), Dean Wolfe (LHS).



We'd Better Shape Up:

The state of the environment today is notoriously poor, and the prospects for improvement are dim. The plunge toward coal and nuclear power is dangerous; we should move into the oil to natural gas to methane and hydrogen sequence in the pipelines for cities, industries, and power plants; we should go from gasoline to gasohol to alcohol for autos and airplanes; we should go for cogeneration, wind turbines, windmills, and the mass production of photovoltaic cells. We should get urban sprawl under control, partly by focusing Federal programs on urban renovation. We should expand protection for parks, forests, wildlife, rivers, and countryside, and spend the necessary public funds. --Anthony Wayne Smith, President, National Parks and Conservation Association.

JONATHAN PEARCE PRODUCES THE BULLETIN
TECHNICAL PRODUCTION IS BY NEVADA [illegible]

EDUCATIONAL SERVICES
bulletin
VOL. III LINCOLN UNIFIED SCHOOL DISTRICT [illegible] 1980

Much Progress is Made in Family Life Education

The District Family Life Education Advisory Committee and a variety of sub-committees have been working against deadlines to complete and present an outstanding family life education program for sixth graders. The program is expected to be taught beginning this year in May.

In response to professionally perceived need, requests by PTA's and school principals, and extraordinary support demonstrated in a detailed survey of the parents in the community, the program improvement effort was begun last year with a grant from HEW. A staff and parent district-wide advisory committee was established to guide the progress of the improvement efforts. The board-endorsed goal of the family life education advisory committee was to have family life education programs established this year at high school, senior elementary, and elementary levels. Teaching staff at the three levels were specially trained beginning last summer. That training has continued through a series of seminars this year.

The high school program now offers family life education to all sophomore students in the semester course in safety/family life education. The consensus of the elementary school principals in the district is that all sixth graders should begin receiving their units of instruction next month, after the last teacher-training on 9 May and after the legally required permission-contact with parents. Staffing and scheduling decisions for a school day program at the senior elementary level have been deferred, although the merits of an after-school for tuition class are being explored at the school level for possible piloting next year.

The units of instruction at the sixth-grade level are based on the San Diego Schools Family Life Program model, modified so as to meet local need. As adapted by the curriculum sub-committee, five required audio-taped lessons on sex education follow five recommended lessons designed to build decision-making skills, heighten student self-concept, and encourage student identification of and respect for family values and family communication. High school and elementary principals have already committed funds for films, overlays, tapes, and books to support the programs.

continued on page 4...

LINCOLN
1956 STANTON WAY STOCKTON, CALIFORNIA 95207 PHONE 477-9311
UNIFIED SCHOOL DISTRICT

12 May 1980

Ms. Nancy Abbey-Harris
Santa Cruz County Planned Parenthood
212 Laurel Street
Santa Cruz, CA 95060

Dear Nancy,

Thank you for coming all this way to Stockton to help train sixth grade teachers in the family life education project. Both trainers and sixth-grade teachers appreciated having your expertise handy and your experience with a variety of school district projects.

You always approach these workshops as if they were not just part of your job, but as if they were a part of a pleasurable and deeply respected personal mission. That's neat! You're welcome back anytime --all the time.

Cordially,

Jonathan

Jonathan Pearce
Assistant Superintendent
Educational Services

JP/dlm

Santa Cruz City Schools

November 29, 1979

Barbara Aved
Office of Family Planning
Department of Health Services
714 P Street
Sacramento, CA 95814

Dear Barbara,

Planned Parenthood has worked with the Santa Cruz City Schools Board of Education, our principals, parents, and teachers to help us develop comprehensive sex education programs and teacher training. They have designed a process for working with school districts which is comprehensive and very sensitive to the political and economic concerns of school administrators. We have had the good fortune to see the positive benefits of a community health agency working with a school district. The cooperative team trainings that their proposal will provide to administrators and health agency educators throughout the state can only strengthen the further development of family life education in California.

As a member of the Advisory Board for the California Department of Education's statewide Sex Education Project, as a former president of the Mid Coast Health Systems Agency, and as a school district administrator who has worked directly and extensively with Planned Parenthood of Santa Cruz County, I would like to indicate my support for their Information and Education grant proposal.

I strongly urge you to fund their project. The design is based on a successful track record and upon good common sense. Please do not hesitate to call if you have any questions about the quality of Santa Cruz County Planned Parenthood's programs.

Sincerely,

JK Blackman

Joseph K. Blackman
Director of Curriculum

JKB/eab

Louden Nelson Plaza
133 Mission Street, Santa Cruz, California 95060 (408) 429-3800

SAN JOAQUIN COUNTY HEALTH CARE SERVICES
POST OFFICE BOX 1020
STOCKTON, CALIFORNIA 95201
TELEPHONE [illegible]

May 4, 1979

RETURN REPLY TO:

Jim Houser, Project Officer
Public Health Services
Region IX
50 United Nations Plazza
San Francisco, California 94102

Dear Mr. Houser:

I wanted to take this opportunity to compliment your office on their selection of Santa Cruz Planned Parenthood Association and the Family Life Education Program Development Project as a demonstration project for a training and curriculum model in the area of Family Health Education. I feel that this program will be an excellent tie-in with our own efforts in San Joaquin County to introduce a Community Education Program for Family Health Education under the auspices of DHEW Title X Grant monies.

To further this goal, One of my staff, Sheila Abdallah, serving as a Community Education Coordinator for Family Life Education, had an opportunity to participate in the Family Life Education Trainers Workshop sponsored by FLEPDP. The workshop took place April 22-25, 1979 at Asilomar, California. According to Ms. Abdallah the quality of the program was excellent both in terms of content and format. The Project staff, Ellen Wagman, Nancy Abbey-Haris and Steve Bignell, presented a well-organized, informative and professional training program for prospective family life educators.

We were very pleased to be able to participate in a training program of this caliber and look forward to working with project staff in the near future at one of our local school districts, Lincoln Unified, which was selected as a participant in the Family Life Education Program Development Project. We are confident that their participation in this DHEW funded project as well as our proposed Community Education Project for Family Health Education will serve as a catalyst for more extensive family life education programs throughout San Joaquin County.

Sincerely,

Michael N Smith
Michael.N. Smith, Director
Health Care Services

MNS/SA:dr
cc: Laurie DeMarco, Family Planning Coordinator
Sheila Abdallah, Community Education Coordinator
Ellen Wagman, Project Director, FLEPDP

HEALTH SERVICES AGENCY
COUNTY OF SANTA CRUZ

P.O. Box 962
Santa Cruz, CA 95061

October 3, 1978

Carl Nelson, MD, President
Board of Education
Santa Cruz City Elementary and
Santa Cruz City High School District
133 Mission Street
Santa Cruz, CA 95060

Dear Dr. Nelson:

The Santa Cruz County Child Health Advisory Board is a State mandated board comprised of parents and professionals who are concerned with identifying and meeting the health needs of children and youth in Santa Cruz County.

The Child Health Advisory Board has reviewed this proposed Family Life Education curriculum and strongly endorses this approach to meeting the need for family life education in secondary schools. The Child Health Advisory Board urges your Board to support this curriculum and to approve it for use in school districts as soon as possible.

Sincerely,

Mary Larson /hr

MARY LARSON, Chairperson
Santa Cruz County Child
Health Advisory Board

ML:JM:mn

195 Siesta Drive
Aptos, CA 95003
9 November 1978

TO WHOM IT MAY CONCERN:

I regret that I am unable to be present at this evening's Board of Education meeting; however, a prior commitment precludes my attendance.

I am the parent of two teenage children, and served on the Parent Advisory Committee which drafted the proposed Family Life Education framework.

The committee was comprised of concerned parents, each having a somewhat different background and approach to the subject. We were not always in full accord at all times during the months we met to formulate the program, but I feel that by the end we were all satisfied that our children would be the recipients of the very best we could contribute toward their Family Life Education.

I would like the members of the Board of Education to know that I wholeheartedly support the Family Life Education framework, as presented to the Board, and I encourage its unqualified adoption.

Thank you.

Yours very truly,

Christine M. Bock

2226 Ocean St.
Santa Cruz, Ca.
95060

October 2, 1978

Dear board member;

I am writing in support of the Family Life Curriculum framework developed by Pajaro teachers in conjunction with the Parents Advisory Committee of Planned Parenthood of Santa Cruz.

For many years, parents and educators have been concerned about sex education in the schools. In this day of confusion about values and standards, widespread misinformation, and bombardment from the mass media, the need is evident for a good educational program to supplement what is learned at home.

This curriculum is excellent. It is sensitive, straight forward and comprehensive. It underlines the importance of family relationships and supports the development of a positive value system. The entire curriculum is addressed to developing self esteem, positive relationships and thoughtful problem solving.

I support the adoption of this curriculum for the Junior and Senior High School levels.

Sincerely,
Nancy Norris
Nancy Norris, R.N. - M.S.W.

NN/JJ

Kenneth R. McKenzie, M.D., Inc.
Urology and Genito-Urinary Surgery
[illegible] Green Valley Road
Freedom, California 95019
Phone 408 [illegible]

October 31, 1978

Dr. Wallace Raynor
Superintendent of Schools
Pajaro Valley School District
165 Blackburn Street
Watsonville, CA 95076

Re: Planned Parenthood
Education Department

Dear Dr. Raynor:

I have become quite familiar with the functions and objectives of the Planned Parenthood group over the past few years. I have acted in an advisary capacity for this group. I find there is a great need for their services in the Watsonville area. We are unfortunate in having not only limited sex education but also limited care for the unexpected or unwanted pregnancy.

Ms. Hartsell has presented a program for consideration by the school board and I have reviewed the same very carefully. I find it meets the primary objectives. I feel that it could do nothing but improve the present situation. I would give it my heartiest endorsement.

If you wish to discuss this situation with me any further, I would be happy to do the same.

Sincerely,

Kenneth R. McKenzie MD

Kenneth R. Mc Kenzie, M.D.

KRM/cs

Copy to Nancy Hartsell ✓
421 Ocean St.
Santa Cruz, CA 95060

WATSONVILLE HIGH SCHOOL
PAJARO VALLEY UNIFIED SCHOOL DISTRICT
250 East Beach Street • Watsonville, California 95076 (408) 722-9231

October 4, 1978

Dear School Board Members:

I have recently reviewed the curriculum framework for family life education assembled by Planned Parenthood of Santa Cruz County. In my work as the psychologist for a Title IV-C dropout prevention program based at Watsonville High School, I have witnessed a deep need for learning units in the schools which approach sex education by helping students build self-esteem, clarify their individual values, explore the importance of the family unit and examine the nature of satisfying personal relationships. In my opinion, the Planned Parenthood family life framework meets these critical needs.

It is therefore my professional recommendation that this curriculum be accepted by your school district as the framework for family life education programs at both Junior and Senior high school levels.

Sincerely,

Maggie Phillips

Maggie Phillips, Psychologist
Project H.O.L.D.
Watsonville High School
Pajaro Valley Unified School District
Watsonville, CA 95076

MP/v

September 8, 1978

Board of Education/School
Board Trustees

Re: Family Life Curriculum Framework
of the Planned Parenthood of
Santa Cruz County

Dear Board Members or Trustees:

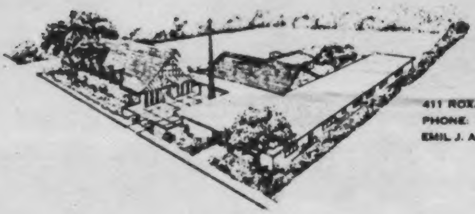
This letter is being written in support of the above curriculum for junior and senior high school students. I have reviewed the curriculum goals as well as the curriculum frameworks for the junior high and high school level and found them highly compatible with the increasing need to provide our young people with appropriate and relevant sex education. It appears that the teachers involved in developing the curriculum have been well trained and have worked in cooperation with the most appropriate organizations and agencies.

On the basis of meeting a very important educational need for junior and senior high school students, it appears highly desirable to have the type of instruction that the family life curriculum framework will provide for these young people.

I strongly recommend that the family life curriculum be offered to junior and senior high school students so that they and their parents can make a choice about increasing their knowledge and awareness in this very important and personal area. It offers the students the opportunity to experience themselves personally, however, within the context of a very structured and educational framework.

Sincerely,

Max Camarillo, L.C.S.W.
629 Middlefield Drive
Aptos, CA. 95003



First Baptist Church
411 ROXAS STREET SANTA CRUZ, CALIFORNIA
PHONE: (408) 423-1060 ZIP: 95062
EMIL J. AUTHELET PASTOR
"Dedicated to Making Jesus Christ Known"

October 13, 1978

Ms. Nancy Hartsell
421 Ocean St.
Santa Cruz, CA. 95060

Dear Ms. Hartsell:

I have had the opportunity to review in detail the syllabus for the Family Life Curriculum Framework, Jr. High and Senior High levels. I wish to commend the Committee for its thorough job.

As with any program, a key factor in its presentation is the classroom instructor who interprets the presentation. My chief concern is in this area, that a thorough job might be done.

I appreriate the opportunity of being invited to review the materials ahead of time and in being given a chance to comment on them. Thank you for including me.

Sincerely,

Emil Authelet

Emil J. Authelet, Pastor

SERVING THE
UNIVERSITY OF CALIFORNIA
SANTA CRUZ
AND
CABRILLO COLLEGE
COMMUNITIES

Rev. Darrell W. Yeaney, Ph.D.
CAMPUS MINISTER

UNITED CAMPUS CHRISTIAN MINISTRY

900 HIGH STREET, SANTA CRUZ, CALIFORNIA 95060
TELEPHONE: (408) 426-6342 OR 426-2010

27 September 1978

Members of the School Board
Santa Cruz City Schools
133 Mission Street
Santa Cruz, Ca. 95060

Dear School Board Members:

I am writing on behalf of the efforts of Nancy Hartsell and the Planned Parenthood Association of Santa Cruz County and the teachers and parents who assisted them in developing the family life curriculum dealing with the sensitive area of sexual education in the public schools.

I have reviewed the outline of the Family Life Curriculum which this group of people have put together and have found it to be very carefully and thoughtfully done, sensitive and responsible. They have obviously sought advice on the subject from a wide ranging spectrum of our community life and have developed a very balanced and sensitive approach to the extremely important area of human life, which should be a part of every person's educational development.

As a professional minister working with young people at the higher education level, I am aware of wide-spread ignorance and misconceptions regarding human sexuality and its responsible place in human life and development on the part of many students. This is true in spite of, and perhaps partly because of the liberalized attitudes toward sex in our society. It is clear that young people received their sex instruction primarily through the media and the mythology of peers, which contains at least the same degree of distortion that we often attribute to our forebears of the "unenlightened" past.

There is a clear need for an intelligent, responsible, sensitive approach to sex education in the public schools and I am very pleased to see that a group of citizens in Santa Cruz County has undertaken this task with energy and carefulness. I would recommend that you support their efforts in the establishment of teacher training for this vital part of our educational program.

Respectfully yours,

Darrell W Yeaney

Darrell W. Yeaney

American Baptist · Christian-Disciples · Episcopal · United Methodist · United Church of Christ (Congregational) · United Presbyterian

DEC 7 1978 Orig. to Dr. Raymon

Lutheran Community – First Evangelical Lutheran Church

Alta Vista at Marilyn Streets • P. O. Box 425 • Watsonville, CA 95076 • (408) 724-3480

December 5, 1978

Board of Supervisors
c/o Jim Baker
Pajaro Valley Unified School District
165 Blackburn
Watsonville, Ca. 95076

Dear Board Members,

As a pastor of Lutheran Community-First Lutheran Church in Watsonville, I wish to express my support of "Family Life Education: Curriculum Framework" now before the board.

This curriculum will add a needed dimension in public education in our community. It provides for values clarification, personal reflection and more importantly, a forum of hones discussion at an age level that needs group discussion.

Thank-you for your consideration of this curriculum that will enhance and give credibility to the schools for meeting the need of developing the "Whole" person.

Sincerely,
Rev. Nancy Schmit
The Rev. Nancy L. Schmit
Co-Pastor

cc

united presbyterian church

MINISTERS
Alan L. Searles
Stephen L. Smith

December 4, 1978

Members of the Board,
Pajaro Valley Unified School District
Watsonville, Californ ia

Dear Friends In Education:

The clergy are a vulnerable lot, and in the past possibly naive, to the extent that some have been "burned" by too casually endorsing a program.

I have taken myself "in check" in this matter and have given some concentrated study to a copy of the "Family Life Curriculum Framework".

The study, as submitted, gives evidence of much thought and deliberation. Too, I am anxious that the members of our local school board know that this curriculum framework has been the focus of attention of a recent clergy meeting, which included local pastors and seminarians-in-residence.

Two sentences in the "Forward" deserve special note:

> "... teachers must be sensitive to the various cultural attitudes in the area of sexuality."
>
> and
>
> "The emphasis will be on encouraging students to continue communication with their families and to develop their abilities to make wise decisions which will reflect the values their parents have instilled in them."

In the religious community in our valley there is obviously a broad range of values and differing opinions as to how even the finest goals can be reached. It does seem to me that the proposed curriculum takes this very much into account.

Please be assured that I am joined by a number of my colleagues in strong endorsement of the proposed curriculum as set forth.

I am available if there is any way, through discussion groups, or other means, to assist in the interpretation of this program.

Sincerely,
Alan L. Searles
Alan L. Searles

UNITED PRESBYTERIAN CHURCH • 112 EAST BEACH STREET • WATSONVILLE, CA. 95076 • 408 - 724-4737
FOUNDED 1860

LINCOLN

1866 STANTON WAY STOCKTON, CALIFORNIA 95207 PHONE 477-8311

UNIFIED SCHOOL DISTRICT

28 November 1979

Ladies and Gentlemen:

This is in support of the Santa Cruz Family Life Education Curriculum Development Project.

Lincoln Unified School District was one of the ten school districts that benefitted from training in the Santa Cruz project. Having piloted the junior high and high school program training in the summer of 1979, we are now in the process of integrating the materials into selected junior and senior high school classes. Without the teacher training, this vitally needed curriculum simply would not have been implemented.

We are thankful that the Santa Cruz Family Life Education Curriculum Development Project trained our teachers and that, with continued grant support, will provide needed follow-up training. Project leaders also showed us how to present the program to the public so as to negate hostile reception.

The training our staff members received was of the very highest quality. We continue to rely on the project personnel for advise.

We are now looking for help possibly to extend this teacher training to benefit our elementary school program. The need for assistance to this district is great. In my observation, the need is critical for such assistance throughout the state. The Santa Cruz Family Life Education Curriculum Development Project personnel are capable of significant contributions in helping to meet that need.

Sincerely,

Jonathan Pearce

Jonathan Pearce
Assistant Superintendent
Educational Services

JP/dlm

3846 Floral Court
Santa Cruz, California 95062
June 30, 1977

Chairman of the Board
Board of Supervisors
701 Ocean Street
Santa Cruz, California 95060

Dear Chairman of the Board,

I want to take this opportunity to bring to your attention the excellent programs offered by our Planned Parenthood Federation in Santa Cruz County. As a teacher of "sex education" I am familiar with the resources available in both Santa Cruz and Santa Clara counties and I can assure you that Santa Cruz offers a program that cannot be topped.

I understand that the education programs are threatened because of insufficient funds for next fiscal year and the County Administrative Office has recommended to you that Planned Parenthood receive no revenue sharing funds. This is hard to understand. Planned Parenthood offers a unique service of professional quality. The staff is especially creative and resourceful.

I urge you to support this excellent community service.

Sincerely yours,
Virginia J. Miller
Virginia J. Miller

Planned Parenthood
ALAMEDA-SAN FRANCISCO

June 1, 1977

Chairman
Santa Cruz County
Board of Supervisors
Santa Cruz, California

Dear Sir:

I am writing in support of Planned Parenthood of Santa Cruz County's request for revenue sharing funds.

For the last two years, my work as Training Consultant on a statewide Office of Family Planning contract has brought me in contact with family planning agencies, both public and private, throughout California. I would be hard pressed to name another agency with which I have been more favorably impressed, both in managerial competence and program creativity, than Santa Cruz Planned Parenthood.

I feel privileged to have worked with several members of the managerial and education/training staffs of this agency. They continually display high levels of creativity, dedication and professional skill. I am also a bit astounded at the energy and long hours they devote to their work in community and clinic programs.

Sandy Orwitz, Executive Director of the affiliate, is without doubt one of the most competent managers with whom I've worked these last two years. I am sure that with Ms. Orwitz managing the program, each revenue sharing dollar will be used with maximum efficiency.

I can think of very few family planning agencies in California who are more able to efficiently and immediately use the revenue sharing dollar than Santa Cruz Planned Parenthood. If I can provide any more information about this fine agency, I would be happy to do so and can be reached at 415/441-0555.

Sincerely,

Alice Verhoeven
Alice Verhoeven
Training Consultant
Trainer Development Program

AV:mb

1660 Bush Street, San Francisco, California 94109 415/441-0555

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Leonard A. Yerkes, III
PAST PRESIDENT
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Brooks Walker, Jr.
Mary Wohlford
Leonard A. Yerkes, III
Mrs. Nancy N. Zacher
EX-OFFICIO DIRECTORS
J. L. Kingsley
Philip H. Lee, M.D.

June 1, 1977

Dear Chairman of the Board:

I am writing to express my concern regarding the future funding of the educational program of the Santa Cruz chapter of Planned Parenthood. It is my understanding that the educational program may be terminated due to a lack of funds. This program is of great benefit to the community and I hope that you will consider some way to continue funding it.

I have been personally involved with the education program this spring. In January I began my student teaching at a local junior high school and found that I would be teaching the state requirment course which includes a unit on sex education. To prepare myself I enrolled in the course "Sexuality for Teachers" offered through the university extension and taught by Planned Parenthood. The course covered every aspect of instructing a sex education unit. The instruction was outstanding and I feel the class was a tremendous help in preparing me to teach my class. I must add that this was the only such training course for teachers offered in the Santa Cruz area. Later during the semester Planned Parenthood was visiting my school for a week to help instruct the sex education unit. As a student teacher Planned Parenthood helped me in preparing my lesson plans, provided educational materials, and observed me instructing the unit. In addition to this I had the opportunity to team-teach with a Planned Parenthood instructor for a few days. I feel that the assistance I received from Planned Parenthood was invaluable to me as a beginning teacher.

There is a need for educational programs of this nature in the community. This can easily be supported by the growing number of unwanted teenage pregnancies in this country. The only way educators can deal with this problem in to be trained themselves in the many areas of human sexuality. Planned Parenthood has demonstrated there ability to help the entire community through their programs.

I encourage future funding of the educational program offered by Planned Parenthood. I hope that you will do everything in your power to allow this outstanding community service to continue.

Sincerely,
Courtney Wells
Courtney Wells

506 Capitola Ave #4
Capitola 95010
5-30-77

Chairman of the Board
Government Center
701 Ocean Street
Santa Cruz, 95060

Dear Sir:

I am writing to you because there has been a proposed cut-back in the funding of Planned Parenthood. As a teacher in the Santa Cruz City Schools and as a resident of this area, I urge you to allocate the funds requested by Planned Parenthood. The funding will insure the continuance of their educational and health services to the schools and to the community.

They have been performing a unique and indispensable service; please let them continue.

Sincerely,
Geraldine Beecher
teacher; Branciforte Jr. High

June 1, 1977

Chairman, Santa Cruz Board of Supervisors
701 Ocean Street
Santa Cruz, Calif. 95060

Dear Chairman:

I would like to tell you of the wonderful services performed by the members of the Planned Parenthood organization of Santa Cruz in coming to the Santa Cruz High School Community Health Classes, to speak on Venereal diseases. They have been coming to us over the past two years for a three or four class period discussion, each nine weeks. We count on them regularly and they are more than willing and happy to be of service to the schools in Santa Cruz County.

Cathy Hicks and others have willingly given their services to us and we find that our students much prefer their speakers, who are so well informed on the subject of Venereal diseases, than having a week of movies and other information from textbooks. They do an excellent job reviewing all the latest information available. Their talks have been backed by our school administration and the parents.

We urge you to please not cut out their educational services by cutting the funds which are set aside for this purpose. Their educational services are worth many dollars to us at the schools. We would be denying the students a good deal of information, if we could not rely on their services.

The Planned Parenthood personnel are specialists on their subject and do more good in a one day presentation than most teachers could give in a weeks' time.

We feel they are invaluable to our future programs and we would like to be able to call on them again, and again, next year.

I would personally like to invite you to come and sit in on one of their lectures sometime in the near future during the next school year.

Please retain funding for this outstanding contribution to our community.

Sincerely,
Mary P. Bates
Mary P. Bates
Health Education
Santa Cruz High School
415 Walnut Ave.
Santa Cruz, Calif. 95060

LOMA PRIETA HIGH SCHOOL
319 LA FONDA AVENUE, SANTA CRUZ, CALIFORNIA 95065
426-6000, Ext. 343

June 2, 1977

Dear Chairman of the Board,

I have already joined the staff of Loma Prieta High in urging you to use revenue sharing funds to support Planned Parenthood and, through the support of their programs, to allow Planned Parenthood's community education program to continue. I write now as a teacher in constant need of good training programs and support in my efforts to teach human sexuality and family life education. Planned Parenthood's teacher inservice courses have been invaluable to me.

I attended Planned Parenthood's teacher inservice course given through UC Extension as well as their monthly workshops for teachers and parents. My feeling about these sessions can be stated quite simply: they were the most comprehensive, fascinating and helpful classes I have ever taken. I was not only greatly impressed, I was extremely grateful. I now have at my disposal information, resources and an enthusiastic support system that was never before available. I have a teacher's resource book on human sexuality and I feel more competent as a family life education teacher.

The worth of Planned Parenthood's professional training is incalculable. They have reached me, and I in turn am able to reach hundreds of students to help them have the information and understanding important to raising healthy, stable families of their own.

I cannot urge you strongly enough. Please add Planned Parenthood to your list of revenue-sharing recipients.

Respectfully Yours,
Sheila Coonerty
Sheila Coonerty, teacher LPHS

December 1,1977

James Whitely, Principal,
Branciforte Junior High School
Melrose and Poplar Avenues
Santa Cruz, Ca.

Dear Mr. Whitely:

I am writing this letter to tell you how delighted I am with the Planned Parenthood Community Education course which is currently being conducted at Branciforte Junior High School. I have attended three of the six lectures: Reproductive Anatomy and Physiology, Venereal Diseases, and Contraception and Unplanned Pregnancy. I found the course material to be factual, objective, and pertinent information, extremely relevant to the age group being addressed. There was no attempt made, during any of the sessions which I attended, to influence the moral or religious values of the children. I am very grateful to you, the faculty, and the Planned Parenthood Staff for providing necessary sex education to my seventh-grade son in a manner which does not conflict with either my family's personal beliefs or my role as a mother.

I would also like to express my admiration of the professional way in which both Mary Zuccaro and Kay Todd are conducting their classes. As members of the Planned Parenthood Staff, these women show remarkable teaching abilities; they are valuable assets to a community which is greatly in need of their services.

Sincerely,

Joan Hawkins

Joan Hawkins

November 28, 1977

To Whom It May Concern:

Planned Parenthood has worked with me in my classes for young mothers and for non-parent high school students.

They bring to the class expertise and current information that I could not provide by myself.

I would like further help involving parents with curriculum planning and I think Planned Parenthood personnel would be a great asset in doing this.

Their continued support is important to the success of our program.

Nancy Hartsell

Nancy Hartsell
Director School Age Parents
and Infant Care Center

OUR CHILDREN AMERICA'S FUTURE

Live Oak School District

DISTRICT OFFICE 1916 CAPITOLA ROAD, SANTA CRUZ, CALIF. 95062 (408) 475-6333
LIVE OAK SCHOOL 1916 CAPITOLA ROAD 475-2000
DEL MAR SCHOOL 1959 MERRILL DRIVE 475-6565
GREEN ACRES SCHOOL 966 BOSTWICK LANE 475-0111
INSTRUCTIONAL MATERIALS CENTER 966 BOSTWICK LANE 475-1110

29 November, 1977

Dear Sirs,

The Planned Parenthood Association of Santa Cruz County is currently involved in producing a series of seminars for educators regarding an extremely volatile portion of our curriculum. I have attended these seminars. They have not only presented invaluable content material but also provided our community with pertinant information as to the importance of sex education in the schools.

This approach involving community and schools seems to be most effective in terms of overcoming apathy and/or fear on the part of parents and educators.

Any grant the Planned Parenthood Association requests is certainly well worth it for their continued involvement in this program.

Sincerely

G. Gordon Boudreaux
Chairman, Science Dept.

SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT

DR. DONALD A. RHODES
Superintendent
(408) 336-2241
WILLIAM F. MITCHELL
Asst. Superintendent
Business Services
(408) 336-2201

SLVUSD

POST OFFICE BOX 398
BEN LOMOND, CALIFORNIA
95005

November 30, 1977

To whom it may concern:

The Santa Cruz County Planned Parenthood has offered some of the finest teacher education programs I have ever attended. (I have attended three programs over the past three years.) Each session was extremely valuable in that I have always gained infromation or methods that I was able to use in my classroom. Planned Parenthood organized the sessions in seminar form which allowed for sharing between teachers as well as the presentation of information. There are so many difficult and sensitive aspects to the teaching about sexuality that cannot be explored fully through reading on one's own. Planned Parenthood has functioned as a sort of catalyst to bringing teachers together.

The program which Planned Parenthood conducts in the classroom is outstanding. Planned Parenthood taught the sexuality unit of my health classes for one week. The introduction it provided enabled me to begin teaching the sexuality unit.

I have only praise and high regard for Planned Parenthood and its educational programs in this county.

Sincerely,

Joan Brown

Joan Brown

Health teacher - SLVHS

SAN LORENZO VALLEY HIGH SCHOOL Kenneth W. Bailey, Principal Paul T. Moser, Vice Principal 335-4425

319 La Fonda Avenue

426-6000, Ext. 202

Santa Cruz City Schools
Loma Prieta High School
Santa Cruz, California 95060

Nov. 30, 1977

To Whom It May Concern:

Many of the students at Loma Prieta High School have benefited greatly from the programs Planned Parenthood has presented here over the last few years.

The Planned Parenthood staff has been more than generous with their time. In addition they have been flexible enough in their presentations to have dealt successfully with the special needs of continuation students.

At present they are in the process of providing in-service training for two of Loma Prieta's teachers. The training sessions have been informative and well organized and have proven invaluable in establishing our own program at Loma Prieta.

Based on a long and fruitful relationship with Planned Parenthood, the entire staff of Loma Prieta supports Planned Parenthood's application for grant monies. Hopefully, with both financial support and community good will, Planned Parenthood will be able to continue and expand their program in Santa Cruz.

Sincerely,

The Staff of Loma Prieta High School

PRINCIPAL

MISSION HILL
JUNIOR HIGH SCHOOL
425 KING STREET
SANTA CRUZ, CALIFORNIA 95060
(408) 426-6000

November 23, 1977

Steven Bignell, Education Director
Planned Parenthood of Santa Cruz County
421 Ocean Street
Santa Cruz, Ca. 95060

Dear Steve,

Mission Hill has now been involved with the Planned Parenthood Program for the past two years. In that time I feel your personnel have been able to bring to our students a program that is so desperately needed for this age group. We are continuing to see youngsters within this age group confronted with serious decisions that they will need to make as they move thru the secondary schools. Your program will, for the most part, provide them with the background information which will, hopefully, enable them to make wise decisions.

I am also deeply indebted to your staff for the staff development activities that have been made available to the teachers at Mission Hill Junior High. I feel we now have a cohesive team approach for dealing with this very sensitive material.

Parents will continue to show their concern about the method and manner in which this material is presented. Your staff has dealt with these concerns in a professional and positive manner. I feel your program is flexible enough to meet the diverse needs of our students. I would like to take this opportunity to extend my sincere appreciation for these efforts.

Sincerely,

Ramsey E. Thornley

Ramsey E. Thornley
Principal

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
165 BLACKBURN STREET
WATSONVILLE, CALIFORNIA 95076

MAILING ADDRESS
POST OFFICE BOX [illegible]
95076
408 [illegible]

December 1, 1977

To Whom It May Concern:

I am writing this letter in support of Planned Parenthood's educational activities and services in the Pajaro Valley Unified School District.

Planned Parenthood has provided direct services to students in the classroom by responding to teacher and administration requests of from one class period to a complete sex education program lasting 10 weeks. The 10 week program was in conjunction with two teachers who were developing a new program in our continuation school.

In addition to direct services in the classroom, Planned Parenthood has served in a consultancy role for teachers in planning program and developing specific teaching units. In a more global effort, they have developed a specific in-service program for 7-12 teachers who have a responsibility for implementing the sex education programs in our district. This in-service program grew out of a survey that indicated we were not consistent or articulated in serving the needs of our 7-12 students.

We have found that many of the teachers who are responsible for sex education do need and want in-service, consultancy and in-classroom assistance in this area and Planned Parenthood is capable and willing to provide it, if they have the necessary time and resources.

We need the continued involvement and expertise of Planned Parenthood and I support their efforts to identify needed resources.

Sincerely,

Frank Cooper

Frank W. Cooper
Director, Educational Services

FWC:ml

July 13, 1978

Marilyn Liddicoat
701 Ocean St.
Santa Cruz, Calif. 95060

Dear Mrs. Liddicoat,

As a concerned parent of two teenage boys and as a woman and professional person who has used the services of Planned-Parenthood numerous times, I would like to express my concefn over the hesitation in refunding this very valuable program. I believe that the quality of the sex education that is provided in our local schools has been greatly improved since Planned Parenthood has been working in the schools with the regular teachers. I would like to urge you to consider this matter seriously and to refund this very valuable program. I am looking forward to the day that my sons can have this program presented to them.

Sincerely,

Phyllis

July 13, 1978

Ms. Pat Liberty
County Board of Supervisors
Santa Cruz County

Dear Ms. Liberty,

This letter is to urge you to support the funding of Planned Parenthood for their sex education program. I teach at Branciforte Junior High School and was involved in their sex education and teacher training program and felt it was very beneficial.

With the passage of Jarvis-Gann and cuts in school budgets services such as those provided by Planned Parenthood in the area of sex education are even more necessary. The aide given to the schools in the area of curriculum development and teacher training by Planned Parenthood may enable schools to offer programs in this important area of education.

Thank you for your consideration.

Sincerely,

Vicki Vasconcellos

Vicki Vasconcellos
Felton, Ca.

860 Pine Tree Lane
Aptos, CA 95003

July 12, 1978

Mr. Cecil Smith, Chairman
Board of Supervisors
701 Ocean Street
Santa Cruz, CA 95060

Dear Mr. Smith:

I am writing to urge you to continue your support of Santa Cruz Planned Parenthood.

As a nurse involved in health education of developmentally disabled students, and as a parent, I have found Planned Parenthood's resources, both materials and staff, extremely valuable.

I believe it is most important that they continue to provide their excellent services to the community.

Sincerely,

Mary Farquhar

Mary Farquhar

cc: Marilyn Liddicoat

January 14, 1976

Soquel High School
Soquel, CA.

To Whom it May Concern:

Mrs. Sandy Orwitz and Mr. Steven Bignell of the Planned Parenthood organization have given presentations to my classes for the fall and spring semesters of the last school year and during the fall semester of this school year. I wish to comment on the scope and quality of the program presented by this group of dedicated public servants.

Approximately 120 students in my classes at Soquel High have seen the Planned Parenthood presentation. Students in two classes asked to extend the scheduled Planned Parenthood lecture so as to more fully examine the questions raised in presentation. The student's reactions to the presentations were those of mature, interested individuals.

I must commend the Planned Parenthood organization for a straightforward, honest, and adult presentation geared to the high school age student.

I further commend Mrs. Orwitz and Mr. Bignell personally for their ability to present a delicate subject with such far-reaching importance and impact.

Respectfully,

Darrell K Sedgwick
Darrel K. Sedgwick
Teacher, Soquel High School
Soquel, CA.

January 14, 1976

Steven Bignell of the Planned Parenthood Association visited my Psychology in Literature class at Soquel High School twice during the fall semester of 1975. For both visits, parents were notified, and no parent asked that his/her child not be present for those classes. During his first visit, Mr. Bignell talked about pregnancy counseling in the context of a unit on crisis counseling. After that class, students asked if they could invite him to return to discuss the subject of contraception. Their response to that presentation was uniformly positive and value-oriented. One student who had been reluctant to attend because, she said, "That's not something I could ever discuss with my fiance," thanked me afterward for asking him to come to class. She and a number of other students commented that Mr. Bignell's presentation was even more wholesome and comfortable than the scientific approach that they had heard in biology classes. I, too, value the quiet, low-key objectivity of Mr. Bignell's approach to a difficult subject.

Melanne Martin

harbor high school

300 LA FONDA AVENUE SANTA CRUZ, CALIFORNIA 95060

13 January 1976

Mr. Steve Bignell
Planned Parenthood
Santa Cruz, CA

Dear Steve,

Our Community and Personal Health classes found your presentations to be interesting and helpful. May I commend you on your ability to handle this subject matter in a sensitive, but straight forward way. I look forward to having you again for my next group. Thanks for giving us so much of your time.

Sincerely,

Debby Purvis
Community and Personal Health teacher

St. John's Episcopal Church
Central and Greer
Memphis, Tennessee 38111

October 10, 1980

Mrs. Elsie Sullivan
Department of Health and Human Services
Offices of Family Planning
Room 749
5600 Fishers Lane
Rockville, Md 20857

Dear Mrs. Sullivan:

I am writing this letter of support for the Planned Parenthood educational program in the Memphis area.

We carefully reviewed the Family Life Education Curriculum on problem solving last summer and decided to use it in our Church School on Sunday morning for our Senior High School class. We found that the response in our Parish was very positive. All those involved in this program responded favorable, teachers, parents and students.

We are presently using the same type material in our Junior High class. St. John's has made a strong commitment to this area of education and see it as an important part of our Christian Education program. Planned Parenthood of Memphis is certainly providing an invaluable service to us and to the entire community.

Sincerely,

Gayle M. Barnwell

Gayle M. Barnwell
Director of Religious Education

cc: Dorothy Davis
Memphis Planned Parenthood

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219

Memphis Liaison Office
814 Jefferson
Memphis, TN 38105

October 2, 1980

Ms. Elsie Sullivan
HHS Office for Family Planning
5600 Fisher Lane, Room 749
Rockville, MD

Dear Ms. Sullivan:

I would like to commend Memphis Planned Parenthood Association for the production of A Problem Solving Curriculum for Adolescents. In the two years I have served as Teen Initiative Coordinator for the Tennessee Department of Public Health, I have had various opportunities to see the curriculum and films demonstrated and to observe audience reaction. The following is a partial list of the presentations I have observed or participated in involving the use of this program:

Fayette County Secondary Teacher Inservice (all divisions) - August, 1979

Tipton County Health and Home Economics Teacher Inservice - September, 1979

Somerville Presbyterian Church, Parents - September, 1979

Memphis City Schools Health Teacher Inservice - October, 1979

Bartlett Methodist Church - MYF Parents - October, 1979

Ripley Methodist Church, Parents - November, 1979

TN. Maternal Services and Family Planning Educators - November, 1979
September, 1980

Ellendale Elementary School, Parents - April, 1980

Group Facilitators, Adolescent Sexuality Workshop, Memphis State University - September, 1980

The programs stimulate discussion and involvement, particularly if the participants react in small group settings. Because the films and activities are adaptable to a variety of topics and settings, adults participate as eagerly as adolescents.

The Memphis City School Family Life Curriculum Writing Committee, of which I am a member, has recommended films and activities from this program as resource materials for student activities.

I look forward to availability of the elementary and junior high school level curriculums and again wish to support this very worthwhile program.

Sincerely,

Mary Cobbs
Public Health Representative
Family Planning

THE UNIVERSITY OF TENNESSEE
Center for the Health Sciences
800 Madison Avenue
Memphis, Tennessee 38163

Department of Obstetrics & Gynecology
(901) 528-5771

George M. Ryan, Jr., M.D., M.P.H
Division of Ambulatory & Community Medicin

November 11, 1980

Babs Feibelman
% Planned Parenthood
1407 Union Avenue
Memphis, TN 38104

Dear Ms. Feibelman:

Just a brief note to express my appreciation to you for sending me a copy of the Model Family Life Education Program. I have briefly reviewed the material and it would appear to be an outstanding effort of this nature.

Sincerely yours,

George M. Ryan, Jr., MD, MPH

GMR:cm

Grace-St. Luke's Episcopal School
246 S. Belvedere Blvd., Memphis, TN 38104 (901)278-0200
Edward E. Gamble, B.S., M.A.T., Headmaster

August 28, 1980

Ms. Babs Feibelman
Memphis Planned Parenthood Assoc.
1407 Union Avenue
Memphis, Tennessee

Dear Babs,

Thank you so much for sharing your sex education curriculum materials with us during our in-service last week. All the teachers enjoyed your workshop, and I think that you opened a new door for us as professional educators.

Please keep us in mind if you have other workshops which we could attend. I believe that G.S.L. will become very involved with initiating a sex education program in the future, and I will appreciate your assistance to us in this endeavor.

Thank you again for your interest and dedication.

Sincerely,

Barbara H. Daush
Assistant Principal

BHD/kc

November 4, 1980

Mrs. Elsie Sullivan
Department of Health & Human Services
Office for Family Planning
3600 Fishers Lane Room 749
Rockville, MD 20857

Dear Mrs. Sullivan,

In reply to a request from Planned Parenthood of Memphis, I am writing to express appreciation of their staff for their continued excellence in providing education to the human services agencies of our community.

During the past three years, Planned Parenthood of Memphis has provided Memphis State University with workshop leaders for conferences, institutes and credit courses offered through the Office of Public Service and Continuing Education. Some examples of their programming are providing a workshop to human services agencies on "Family as Sex-Educators"; National Youthworker Education Project conferences, sharing Family Life Education films and discussion; training and facilitating a conference entitled: "Talking About Adolescent Sexuality" for Memphis Metro Youth Diversion Project; providing lecturers in "Human Sexuality", a credit course offered by the Department of Health Education, to an audience of elementary and secondary school teachers.

In short, the staff and volunteers of Planned Parenthood of Memphis have given consistently high quality professional training to the human services community.

Sincerely,

Jeanne Dreifus, Administrator
Human Services CO-OP

JD:jg

cc: Barbara Feibelman

GERMANTOWN PRESBYTERIAN CHURCH
2363 GERMANTOWN ROAD S GERMANTOWN TENNESSEE 38138 901/754-5195

October 10,1980

Mrs. Barbara Feibelman
Planned Parenthood Center of Memphis
1407 Union Ave.
Memphis, Tennessee 38104

Dear Mrs. Feibelman,

A three month study of human sexuality was offered to our Grades 9-12 evening fellowship last winter. The Family Life Curriculum, films, and leadership training we received through Planned Parenthood enabled us to provide a very effective and comprehensive program.

Four lay members, our Associate Pastor, and I participated in the training. A climate of openness was an integral part of helping us to become familiar with the curriculum content, films, and suggested methodology. The excellent role models we observed enabled us to be less self conscious in discussing human sexuality together, and without doubt those attitudes were passed along as the study processed.

At this time a study for the Grades 6-7-8 evening fellowship is being considered.

Dot Davis was especially helpful to us from our first contact on through. We are deeply indebted to you and your staff for the fine assistance we received, and we thank you.

Cordially,

Kathleen Hodgson

Kathleen Hodgson,
Director of Christian Education

GERMANTOWN PRESBYTERIAN CHURCH
2363 GERMANTOWN ROAD S. GERMANTOWN, TENNESSEE 38138 901/754-5195

October 15, 1980

Ms. Barbara Feibelman
Planned Parenthood
1407 Union Avenue
Memphis, TN 38104

Dear Ms. Feibelman:

On behalf of our church's educational staff, I would like to thank you for your Planned Parenthood resources which we have used with extensive and positive results. Our Senior High Youth Fellowship advisors met for the better part of a morning last Spring to be led by some of your staff persons in an intensive teaching education session on how to use your "Family Life Education: A Problem-Solving Curriculum."

This was used by our church in a 13-week series on Sunday evenings, and it approached the issue of adolescent sexuality from the standpoint of developing responsible solving skills. I believe that our people learned from the series decision-making process which will enable them to confront confidently issues in life other than those merely relating to their sexuality. I can think of no more valuable legacy to hand on to them than one which teaches them such ethical responsibility as a necessary ingredient in their faith development.

In addition to the program we used films from Planned Parenthood designed to enable parents to better discuss sex-related issues with their children. These films were received enthusiastically and numerous adults suggested that our church school program make regular use of these resources through special church school classes, seminars, etc.

I am aware of the great opposition to such programs, and understand that there are many who would desire that they be done away with. I hope that Planned Parenthood can resist that opposition, for these resources deal with the crux of the problem which the agency is designed to address. To deny the use of these resources would be to ignore the disease while merely trying to treat its symptoms.

Thank you for your cooperation with us, and we look forward to working with you on future projects.

Cordially,

Ted

Theodore J. Wardlaw
Associate Pastor

TJW:sjc

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH STATE OFFICE BUILDING
BEN ALLEN ROAD
NASHVILLE, TENNESSEE 37216

RECEIVED
NOV 24

November 21, 1980

Babs Feibleman
Memphis Association of Planned Parenthood
1407 Union, Mid-South Tower
3rd Floor
Memphis, TN 38104

Dear Babs:

I want to tell you how much we all appreciate the opportunity you gave us to view the family life education curriculum you developed. Your hard work is apparent. All of you did a beautiful job with the training and the knowledge and materials you shared is greatly valued.

I am sorry to be so late in sending these travel forms. I was waiting on a couple of forms and only recently found out that they had been mailed directly to you. I briefly scanned these as they arrived. If you have questions, please call me. Thanks again for doing the workshop. I have received only positive comments on it. I feel it was very beneficial and only wish more folks could have attended.

Sincerely,

Carolyn

Carolyn F. Vincent
Training Coordinator
Family Planning Services

CFV/ske/5-2

North East District

DISTRICT II
MISSISSIPPI STATE BOARD OF HEALTH

Mr. Sterling Scruggs
Executive Director
Planned Parenthood Center of Memphis
1407 Union Avenue
Memphis, TN 38104

Dear Sterling:

I hope this letter catches you before you leave for your new adventure. Dot told me when she was here in Tupelo last week that you had accepted a position with an international organization to direct family planning activities in the Phillipines. I don't recall whether she said it was the World Health Organization United Nations, or the World Bank but in any event it certainly sounds like a challenging and interesting job. I must admit that I envy you but I also feel, from my limited exposure to you, that you will do an outstanding job in your new capacity.

I really just wanted to say "so long", to express regrets that we did not have an opportunity to work more closely on more things, and also to wish you the best of luck in your new endeavor.

On another matter, Dot and Babs did an outstanding job down here last week. We hope to have them back down here in January or February to do pretty much the same thing for our public health nurses and a few other people if we can work out a schedule. All the folks that I have talked to who saw the film or rather sat through the program were very favorably impressed with the material. I hope we will be able to encourage the Family Life Education Committee to purchase one complete package for use in the Tupelo area. I will correspond with Dot a little later and attempt to set up a convenient time for them to come back to Tupelo.

Best personal regards,

W. W. Denton
Administrator
WWD:np
December 12, 1980

8035 Breeze Cove
Germantown, Tennessee
June 1, 1981

Dear Dot,

We at Germantown United Methodist Church have completed our unit on Human Sexuality. We were pleased with the outcome of our program but are fully aware that without the help of Planned Parenthood the program would have been incomplete. The time you and Babs spent talking to us, sharing ideas and providing information and materials gave us confidence to pursue sexuality on a deeper, more meaningful level.

Your curriculum outlines were a great stimulus for organizing our program and gave us ideas for subject topics we had not previously considered. The films "Human Growth III" and "Am I Normal" were used to provide information and to establish an appropriate setting for asking and answering questions concerning the physical aspect of sexuality. "Teenage Father" was shown to help initiate discussion concerning responsibility of individuals in a relationship. The contraceptive packet was especially helpful in giving our young people a meaningful, realistic program on birth control. The books Teen Sexcy and You Would If You Loved Me were made available for individual reading. The pamphlets we provided were given either to the Junior High MYF'er or to the parents to read and study.

The above mentioned materials were of course an important part of our program but your constant support, encouragement and guidance gave us as counselors a firmer basis from which to work with these young people. Thank you for always being there when we needed you.

Sincerely,
Carol London

Buntyn Presbyterian Church

561 Prescott at Southern • Memphis, Tenn. 38111 • Telephone 458-8271

8 April 1981

Mrs. Dorothy R. Davis
Planned Parenthood Center of Memphis
1407 Union Ave.
Memphis,Tenn. 38104

Dear Dot:

The two of us from Buntyn Church who participated in the workshop "Talking About Sexuality: Opportunities for the Church Family" on February 28, 1981, found it to be most helpful.

Just last week we were reporting on this workshop at a meeting of all of the adults who work with youth in our church (church school teachers, youth fellowship leaders, recreation leaders, etc.). It was the unanimous thinking of this group that we should pursue some plan to include an opportunit to study and discuss sexuality in our programming for junior and senior highs in the fall of 1981. I hope to be in touch with you in May to set up a time when you or someone from Planned Parenthood might meet with us to help us think about a curriculum, leadership, etc.

Thank you for sharing the resources of Planned Parenthood on this subject with us at the February 28 workshop.

Sincerely,

W. F. Mansell, Jr.
Associate Minister

THE NATIONAL CONFERENCE OF
CHRISTIANS AND JEWS

Harry E. Moore Jr. Ph.D.
Tennessee Regional Director

(901) 327-8610
2573 POPLAR SUITE 414
MEMPHIS, TN 38111

December 29, 1980

Ms. Dorothy R. Davis
Memphis Planned Parenthood
1407 Union Avenue
Memphis, TN 38104

Dear Ms. Davis:

Thank you for dropping by my office to inform me of the Family Life Education program you have planned for the churches of our community. The program is informative and non-threatening. I heartily commend you and your staff for creating a program that will prove useful to the people. Your approach of giving people the facts and letting them decide what they will do with them is a sound method.

We shall be happy to put you in contact with members of the clergy so that you can offer this program for use in their spiritual congregations. Also, we shall be glad to work with you in organizing a panel of clergy advisors for the program.

With every good wish for usefulness to the community

Sincerely yours,

Harry E. Moore Jr.

Dr. Harry E. Moore, Jr.
Tennessee NCCJ Director

Senator **Denton**. All right, sir.

Doctor Stechler, you may proceed, sir.

Dr. **Stechler**. Senator Denton, my name is Gerald Stechler. I am professor and chairman of the department of child psychiatry of Boston University School of Medicine. My training is as a clinical and developmental psychologist. I have been a member of the faculty of Boston University School of Medicine for the past 27 years, and for the past 10 years I have also been a member of the faculty of the Boston Psychoanalytic Society and Institute. My clinical practice specializes in children and adolescents, as does my research.

There are four major points I would like to stress in the following statement: one, the appropriateness and comprehensiveness of the curriculum material; two, the process whereby the curriculum is implemented; three, the background and training of the instructors; four, evaluation of the program.

Basically I believe it is worthwhile to reduce ignorance about topics as vital to our lives as reproduction, our own sexuality, our functioning as potential parents, and related matters. Insofar as disturbances in healthy development stem from such ignorance, its alleviation through education is to be commended.

Like most people, I am aware that in discussing sexual education, one is dealing not solely with simple or even complex factual material, but also with powerful belief systems which fall within the province of family, culture, and religion. Furthermore, in directing this education to children and adolescents, one touches upon powerful feelings, fantasies, fears, and wishes which are part of normal as well as disturbed development. Therefore, the success or failure of the program, the degree to which it is useful for wide and diverse segments of the population, and its ultimate contribution to the health and well-being of our youth depends upon a thoughtful, comprehensive and flexible approach. Such an approach should involve not only professionals from the relevant education, health, and mental health disciplines, but also the active and continuing participation of parents.

With respect to the curriculum, the material I have seen is clearly the result of much care and thought. The aims appear to be strongly weighted in the direction of conveying knowledge of male and female sexual anatomy and physiology, reproductive functions, methods of birth control, prevention of venereal disease, and sex role identification and values. These are all laudable aims. My assessment of the focus and developmental level of the material is that the junior high school curriculum is too detailed and too sophisticated for most youngsters.

Demystification is valuable, but cloaking hot issues in hyperscientific terminology may not be the best way to demystify. Here, I agree with Dr. Galler, that the material on reproductive functions is probably beyond the conceptual and emotional level of the junior high school student.

From my experience, the central question for the sexually budding young adolescent is, "Am I normal?" One must address inner questions to answer that question. Children are concerned with wet dreams, masturbation, sexual fantasies, and issues of the appropriate and inappropriate aspects of sexual exploration.

We are not dealing with material to be taught out of a textbook. The feelings involved are so powerful that the people who are dealing with the children must be most skillful and well trained and sophisticated themselves, so as to produce a positive, outcome in the children rather than a counterproductive anxiety.

When it comes to the difficult area of values, such as the acceptability of premarital intercourse, the teachers are advised to avoid controversy. Yet, as is found in the sample curriculum, the listing of abstinence as a method of birth control does make an implicit and confusing statement on this point. The typical school solution to controversial issues, that is avoidance, may not be the most helpful approach. The schools may get themselves and the students locked into this unfavorable position because they are so disconnected from the community. One possible solution to this problem is presented below under "Implementation."

IMPLEMENTATION

The material I have seen, and the inquiries I have made in my local community convince me that there has not been sufficient representation of diverse professional and citizen groups in the preparation and presentation of the material.

Many of the pitfalls associated with presenting controversial, emotionally laden subjects can be overcome if the entire system is open to the diverse viewpoints which exist within our Nation.

Initially, there may be more tension and conflict as opposing views are brought together, but ultimately the appreciation of pluralism is the only mature stance. By that, I would like to say that I do not mean that understanding another person's position or beliefs necessarily implies approval. We each have our own beliefs within a family, community, or religious group. Exposing our children to other belief systems does not mean that they should approve of them, but that they should understand them, so that we can live together as fellow citizens.

I think this point often gets confused, the idea that hearing what somebody else has to say, some how or other implies approval of it.

If potential conflict exists between school and home, it is important that the children witness a process whereby adults, that is, parents and professionals, engage in healthy give-and-take to reach accommodation.

An underlying assumption of the program is that schools must undertake sex education because the families are inadequate in this area. This assumption, in itself, can drive a further wedge into the family system, and set the school in competition with the home. The child can feel torn, the parents can feel excluded, and the school can become defensive. This unfortunate outcome must be avoided. The obvious answer is full parental participation at every step.

If done properly, the school and family working together offer certain advantages over the family alone. Primary among these is the opportunity for healthy sharing of learning and pluralistic viewpoints within a peer group. Thus, both intergenerational and intragenerational values find a common meeting ground, augmenting the integration which each individual ultimately accomplishes for himself or herself.

Furthermore, I would like to emphasize that there must be broad multidisciplinary participation in the preparation of the curriculum at local, State, and national levels. The lack of such a multidisciplinary approach was for me inferable from the material and from the informal reports I have received.

With regard to the background and training of instructors, this is often a sore point in mandated educational programs, and need not be belabored. If it is not already part of the legislation, it should be mandated that there be appropriate prior and ongoing education of the instructors. A multidisciplinary team, including health and mental health professionals, should be responsible for this training.

There is one last point on program evaluation. I will simply agree with and substantiate the point of view presented by Dr. Galler. This program should not be continued without very careful evaluation, and along with Dr. Galler, I very much believe that one cannot estimate efficacy until there is a very clear statement of the aims.

Is this program designed primarily to prevent adolescent pregnancies, to reduce the incidence of venereal disease, to contribute to a healthier marital life? There are just a large number of things that need to be clarified and specified before an intelligent evaluation of the program can be undertaken.

Thank you very much, Senator Denton.

Senator DENTON. Thank you very much, Dr. Stechler.

With your permission, Senator Weicker, I will first ask questions for 5 minutes, and then defer to you, sir.

Noticing the unanimity among the witnesses. That there should be some kind of sex education, which I may say I share, what positive influence or influences can courses in sex education and family life have upon the development of an adolescent?

Would anyone care to tackle that? The positive?

Yes, Dr. Voth?

Dr. VOTH. You know, your question sounds very relevant. It does make sense that we would entrust these kinds of issues to our educators. The problem with that is that——

Senator DENTON. I do not believe I said necessarily for teachers to teach it. I said sex education.

Dr. VOTH. I know, but what a person is—determines, to a large extent, what they believe, what values they live by, what emphasis they place on this or that in their life.

Now, what is happening is that our whole society is undergoing an enormous change, and many of our professionals are extremely divided in what they believe about the human condition. What defines a norm, for instance, what is a normal sexual behavior or what does gender identity mean?

The whole thing has gone topsy-turvy, literally, so when you entrust such issues as sex role, or family behavior, or morality, or whatever, to a group that is potentially as diverse, not only personalitywise, but disciplinewise, I mean their professional background, I think you are opening up a bag of worms. I think it will lead to an enormous amount of trouble.

Right within the American Psychiatric Association there are psychiatrists that say homosexuality is abnormal. Think of it. If that is happening among a well defined group of people, psychiatrists, what is going to happen out in the community at large?

I think it is far too risky to get into such broad issues. I think what we need to do is zero in on the very fundamental issues, about which facts exist, and have been well established.

Now, that does not mean that our young people do not need guidance, heaven knows they need guidance, a lot of it, particularly in view of the fact that the divorce rate is 50 percent. I am almost certain that they will not get the kind of guidance that you and I and our colleagues would like to see that they get.

So do not make the assumption that there are a bunch of brilliant, intelligent, wise people out there going to guide the young.

Senator DENTON. When I stated my assumption——

Dr. VOTH. I said I do not make that assumption.

Senator DENTON. No; I was very careful. I did not say that this program was correct, or that schoolteachers are the proper instructors I just said that sex education seems to have some efficacy, and what are the potential advantages of it, insofar as an adolescent is concerned?

Dr. VOTH. If sex education is limited to the well-established set of facts, it will do an enormous amount of good.

Senator DENTON. You mentioned the divorce rate, for example. Do you think that were there proper sex education curriculums, and the proper people to administer them, that this would have a favorable effect on the increasing divorce rate?

Dr. VOTH. I do not think it would affect it one iota.

Your capacity for heterosexual bonding depends on how you grew up as a child, what kind of parents you had. That does not mean that you cannot learn some facts later in school, to make the marriage better.

One comment about parental involvement. I have been part of the antidrug crusade. I cannot get parents to turn out for programs on drugs. On sex, I think they will shy away from it, frankly.

Senator DENTON. Let me put the divorce question another way. Do you think that an improperly presented sex education course could have an adverse effect on the chances for a marriage to stay together?

Dr. VOTH. Absolutely, because what it will do is play into the latent psychopathology that so many of our young people have.

I think that some young people, can be helped to some degree, but there is so little control over who will be informing them, that it is risky, it is highly risky, to get off into these broader issues of interpersonal relations, sexual identity, self-esteem, all of the stuff in the program guides.

One of my youngest son's teachers was far out. He had bleached hair, a medallion around his neck, and he was supposed to teach sociology. That is not what he taught at all. It was incredible what went on in that classroom.

Now, you get people in charge of these highly delicate, sensitive issues, and it is no telling what those kids will hear.

Senator DENTON. Would either Dr. Galler or Dr. Stechler like to comment?

Dr. **Galler**. I would like to comment that sexuality of young adolescents is an extremely important issue which exists whether we would like to acknowledge its existence or not.

I feel strongly that by avoiding this issue, as suggested by Dr. Voth we do not eliminate it. As professionals and legislators, the approach that we have to take is to provide the best possible setting within which this type of very important subject can be treated in a sensitive and thoughtful manner.

My feeling is that by having a multidisciplinary team involved with planning, with implementation, and also with monitoring of these programs, that one can in fact hope to make available to the adolescent, correct information to provide the basis on which he can make his choices. This refers both with respect to ultimate sexual development, as well as with respect to the development of personal moral values.

The multidisciplinary team should not function in place of making decisions for the family, but such a team can provide expert input and different points of view. Of course, the primary decisionmaking rests with the family.

I would like to make one other comment with respect to the use of a multidisciplinary approach and the possible outcomes of this type of program.

Dr. Voth has talked about the high incidence of divorce in American families. Let me point out that of all adolescents have seen parents present opposing points of view, divorced or not. It is most valuable for children to see parents successfully be able to integrate different ideas in a comfortable way.

If in the implementation of programs on sex education we can provide multidisciplinary team efforts, including religious leaders, health and mental health experts, and so on, who can successfully present different sides of the story, and effectively work as a team, this is one of the most important and constructive experiences that a young adolescent can have.

Thank you.

Senator **Denton**. Dr. Stechler.

Dr. **Stechler**. Thank you.

I have within me a certain red flag which goes up whenever I hear something which sounds like a good-old-days hypothesis being expounded, and somehow or another that things implying that there was some former era in which things were marvelous, and if one could only emulate and return to that era, then we would be in marvelous shape.

I think it is documented now that there were many problems which may have remained subterranean, because of the essential immobility of the population, and their inability to change their lifestyles. What we may be witnessing now is not so much a change in the human condition but the possibility that the people have to change their life systems, and this may appear to be very disruptive.

But there is a legitimate dilemma which faces any legislative body. I think this was well set out by Toffler, in his book "Future Shock." He notes the increasing rate of change in our society and then talks about our institutions, particularly the schools, which attempt to educate the youngsters to adapt to these rapidly changing circumstances. But then he worries about the feedback, because as they educate the youngsters to adapt to rapidly changing circumstances, are they not speeding up the process, and creating more rapid change, until the whole thing speeds out into orbit some place?

This I think is the question that has been posed. If we try to sweep this problem under the rug, but still believe that there is general distress, adolescent problems, widespread sex offenses, et cetera, or else say yes, those exist, but our public agencies, such as the schools, have nothing to contribute toward the amelioration of these, we create additional problem.

If we say, on the other hand, that we should barge right in and take these topics up squarely and lay it all on the table, are we not exposing many youngsters to stimuli, and to propositions, which otherwise they may not have encountered until much later in development, for better or for worse?

Senator DENTON. May I ask you this, because you used a term which relates directly to what you have just said, and I want to make sure that I understand it.

You said if potential conflicts exist between schools and home, it is important that the children witness a process whereby adults, that is, parents and professionals, engage in a healthy give and take to reach an accommodation.

Now, by the tone of your voice, you may have implied that you did not mean that the children actualy witnessed the argumentation, but that they witnessed a process in which conflict was being resolved and that therefore there was not a biased, or single-minded approach to the problem.

What did you mean?

Dr. STECHLER. I guess I meant several things. Witness in the most general sense that they see the outcome of the process. Whether they see every part of it, I think should depend on local circumstances.

One of our most salutory programs in bringing school, community children together, was the program on the southside of Chicago, done by two psychiatrists, Kellam and Schiff which, brought the children in at a certain point for discussions with teachers and parents, and the children did indeed have something to contribute. The entire system benefited by the participation of the children.

I think that as in all of these situations, the participation of diverse groups can be productive only if it is under professional leadership. Just tossing people in a room together, and saying hash this out can end in more dissension rather than a productive outcome.

As one undertakes the process of developing this, and it is a long and complicated process, it has to be done intelligently, with the application of mental health and other principles that have been established over the years. It means a high-level professional leadership to get community organizations working this way.

Senator DENTON. You earlier mentioned the need for tolerance among all four of the different belief systems of others, and you, nonetheless, recognized that this does not necessarily mean approval from one's personal value system.

Do you feel that the family has special rights with respect to a better opportunity, a less interfered with opportunity, to impart to their children that value system which they would like to add on? And do you feel that today it is difficult, even more difficult than it should be considering the other influences that come in, television, governmental programs, and so on, for the family to do this?

Should this be a principal consideration in the development of such a program, which involves not only physiology, and that sort of thing, but also values?

Dr. **Stechler**. I do believe that a family has not only special rights, but from a psychological point of view, an obligation to pass on to their own children their values, their view of the world. Whether ultimately the children will follow those values or reject them, or integrate them into some other values, is obviously a very complex issue.

I think that we have seen—maybe now I am going to give a good-old-days hypothesis, some lessening of the positive imposition of values from families to children. Family life is not in a terribly healthy state in our country at this point.

Therefore, I really think it behooves all agencies with any power to operate in such a way as to promote family responsibility, and if you will, family power. The agencies of Government should never operate in such a way as to further remove influence from families. I think that one of the potential negative implications of the programs, if they are carried out without parental participation, is that they can further alienate the children from their family, and further reduce family influence over children.

May I make one other statement?

I think that there are some examples from the past of programs which limped along for almost decades, having very little positive influence, and then suddenly caught fire. Here I am referring to the programs in the physical health and hygiene.

I am sure you all remember as a child in school going to hygiene class, learning nothing, and being bored by material seemingly unrelated to our lives. They were teaching us good eating habits, exercise, and so forth. But it fell on deaf ears, until some turnaround in the society, maybe 6 or 7 years ago. Now everybody is out in a jogging suit, and everybody is eating vegetables and grains. There really is a turnaround, the coronary statistics show it, the Nation is becoming physically healthier.

Here was an education program that for decades just did nothing. I do not know if we will ever understand what combination of factors suddenly made people so enormously conscious of their bodies in terms of physical health. We now see a vast change in the way people are caring for themselves.

We need a similar turnaround with respect to sexual practices. I believe the schools can play a part.

Senator **Denton**. Let me invite Senator Weicker to inject questions.

Senator **Weicker**. Thank you, Mr. Chairman.

Doctor Voth, in your statement, on page 5, you make a statement:

> The so-called sexual revolution is just that—it is a revolution which is being led by a small number of militant rebellious, personally and sexually disturbed individuals who are sufficiently clever to impose their views on the unsuspecting.

I know that a group of organizations very much in favor of title X wrote a letter to the chairman. They are not here to testify today. They are: The American Academy of Child Psychiatry; the American Home Economic Association; the Center for Population Options; the Child Welfare League of America; Future Homemakers of America; Girls Clubs of America; the Administrators of Baptist Churches; the United Church Force; the National Association of State Boards of Education; the National Boards of the YWCA of the United States; and the National Congress of Parents and Teachers, PTA; National Council on Family Relations; the Director, Office of Human Sociology; Council of Churches; and, Neighborhood Centers of America.

Are these the groups that you were referring to?

Dr. VOTH. No, sir; I do not know what their ideology is.

Senator WEICKER. Who were you referring to?

Dr. VOTH. Who I am referring to, are people that I will leave unnamed, but who made such statements that, 'We women are becoming the men that we wanted to marry." Militant leaders who are so intimidating that they have made it chauvinistic to refer to boy or girl. This is a very fundamental distinction, but they do not like to acknowledge those differences.

They have imposed their will so that they almost have women in combat roles. They have gotten work quotas for women in heavy industry.

I think events are a function of the disintegrated family, where unambiguous gender is established. I looked at the values for clarification process, not from a theological point of view, but from a psychological point of view. I am a psychiatrist and a psychoanalyst, and I know that this process is the bedrock from which children are being taught, and I see the kinds of questions that are asked, permeating that material.

In my boy's school, for instance, they had a mixed boy and girl football team. The boys couldn't pass the football to another boy. This was their interpretation of the spirit of title IX. They had to pass the ball to the girl. The whole game broke down, and finally the teacher said to heck with it, and they split it up, and the boys had their sport, and the girls had theirs.

Issues of personal identity are complex matters. Even the professionals, highly trained, like those of us up here, disagree on those issues at times. There are psychoanalysts who split psychoanalytical institutes over these matters.

I personally do not see how we can constructively weave in such complex matters into the junior high and high school level. Now, I am not a "let us go back to the good old religion days" at all, but I do think there are some very fine values of the past that still endure.

After all, Einstein said if there had not of been a Newton, there would never have been an Einstein. He built upon the past.

I think that the whole issue before us today is infused with the extensive changes that are taking place in our society. Many of them have not been tested, some of them are already fallen by the wayside, and I think it is bad to submit the young person to all of this ambiguity. I think we should give them as much certainly as possible.

Senator **Weicker**. Again, these unnamed individuals that you refer to, are these the ones teaching courses?

Dr. **Voth**. Some of them, as a matter of fact, yes. I have three sons, and they report to me at the university level, high school level, and even at junior high levels, that teachers in the classrooms have said such things, that homosexuality is normal.

Well, my goodness, where do they get off saying that to a kid in biology class, or sociology class?

Senator **Weicker**. Did you, in your testimony, indicate, in response to one of the questions, that the American Psychiatric Association indicated that homosexuality was normal?

Dr. **Voth**. Yes, there are.

Senator **Weicker**. Now, obviously the problem here is that you do not feel teachers should do this job, or probably are not qualified to do it, and apparently among the profession there are those whose views you disagree with?

Dr. **Voth**. Right.

Senator **Weicker**. Who is going to do the job? Should we leave it to the peers, the children themselves?

Dr. **Voth**. The peers?

Senator **Weicker**. Yes. They are going to do it.

Dr. **Voth**. They are not.

Senator **Weicker**. They are not going to talk among each other?

Dr. **Voth**. Oh, sure.

Senator **Weicker**. Do you think maybe the level, even though it might not be perfect in your eyes, nevertheless, if these matters are properly taught, does relate somewhat to the degree of expertise of the teacher, be he a teacher from the ranks of psychiatry or elsewhere? I just do not see who you are going to have teaching this course.

Dr. **Voth**. This is the problem, Senator. I agree with you.

There are some excellent people out there who could do a superb job, but I know a woman physician who had five children who held a high position in the State health system of the State of Kansas. She is divorced. And the stuff that she is putting out in sex education is absolutely shocking to me.

Now, I do not mean to say that all professionals are going to do it. Of course not.

Senator **Weicker**. Who is going to get the standards set to teach?

Dr. **Voth**. That is difficult. Rather than get over into areas where you cannot set clear standards with any kind of unanimity of agreement, then I suggest we keep these courses simple. That is not going back to the good old religion that my colleague here referred to.

Senator **Weicker**. I notice in your statement you say "Traditionally the church has been the guardian of those values which have guided the human spirit through the ages."

What church?

Dr. **Voth**. All churches. There again, there is diversity. I am not talking about sex education in the Bible. I was addressing the broad issue.

Senator **Weicker**. What if a church—what if a particular church advocates uninhibited sex? What if it has values that are contrary to yours? I do not understand the interjection of the church.

Dr. VOTH. I injected that to focus on broad process known as values clarification, not the title X issue.

I was merely pointing out that the complexity of defining and maintaining the best human values. When you remove the authority of the church which has stood the test of time through the ages, I think we see that through the government process where people of all kinds of untested ideologies impose their ways on the legislative process, and pretty soon you have this sort of thing going on. I did not say we should turn sex education over to the church.

Senator WEICKER. The overriding values in your statement are safer in the hands of the church than the States. Then you go on where militant individuals, et cetera.

It is my concept of our Government that we are not a bureaucracy in any way, Dr. Voth.

Dr. VOTH. Right. That is correct. I was talking about the broad human values and I was trying to illustrate a principle, the difficulty——

Senator WEICKER. I would say to you that you might think about the facts, and you are a very learned man, if you read your history, that you will probably find more, mischief has been done in the name of the State——

Dr. VOTH. I agree. Lots of bloodshed.

Dr. WEICKER. You indicate that we should limit ourselves to well established facts.

Dr. VOTH. Right.

Senator WEICKER. It is my understanding that 7 out of 10, I think that the statistics have been pretty well documented, 7 out of 10 women who do not use contraceptives, did not believe that they could become pregnant.

Do you consider that a well established fact?

Dr. VOTH. Well, they are misinformed.

Senator WEICKER. There is not much debate there. How are we going to handle that?

Dr. VOTH. They need to be better informed. Obviously, they were not informed somewhere along the line. If, through this kind of process, that was going on or the school program that they were—if they just did not know the facts, they thought they could have sexual intercourse and get away with it.

Senator WEICKER. But is this something then that we should be teaching so that we can——

Dr. VOTH. Yes, that is precisely what I think.

Senator WEICKER. That is really what this business is all about. I do not see how we are going to teach this.

Dr. VOTH. I think——

Senator WEICKER. By your strictures, I find it would be a little difficult.

Dr. VOTH. I do not think so at all. I think if you set up a series of lectures by well chosen experts who understand the fundamentals of human sexuality—and I am not talking psychological development, that complex stuff, I am talking about the ABC's of sex. Explain to them what the anatomy is all about, what the physiology is all about, and what is likely to happen if they have intercourse, and emphasize it clearly and in simple lucid terms, tell them about disease, how you get VD, how you get herpes, what the consequences of these are, what the consequences of syphilis are. Explain it to them.

Senator **Weicker**. But, Dr. Voth, I think that is what is trying to be achieved under the title X program. I am sure that we can all go ahead and pick out individual examples that are abhorrent either in terms of the qualification or in terms of content or personality that are abhorrent to any one of us individuals just as I am sure there are U.S. Senators that you think are highly unqualified also, and probably I would also, but it seems to be that understanding that nothing is going to be perfect, what we are trying to achieve, or what is trying to be achieved under title X is exactly what it is that you are calling for now, except that you have some personal examples or situations that you know about that you do not like. And you might well be right.

Dr. **Voth**. The goal we agree upon. I think it is the method we are talking about. I do not think those methods, as described in the material I reviewed, are going to get the proper result. I do not think we will get there that way. I think you will confuse the issue and you introduce a lot of content which is extraneous to the mandate of title X. That is all I am saying. The goal you and I are talking about is identical. My heavens, kids need all the guidance they can get. They need a lot more in light of what is happening in the home and so on.

I am just talking about the method as I inferred it to exist in those manuals that I reviewed.

Senator **Weicker**. Excuse me just 1 minute. [Pause.]

Senator **Denton**. I must excuse myself to attend another hearing which is at a crucial point, and I will return at 11 o'clock. Senator Weicker has consented to chair in my absence, and if he is not able to stay until 11 o'clock, I requested that he call a recess until 11 o'clock at which time I shall return.

Senator **Weicker**. Thank you very much, Senator Denton.

Have any of you had personal experiences with the planning or development of the sex education family planning curriculum?

Dr. **Stechler**. I have not, sir.

Dr. **Galler**. I have not.

Dr. **Voth**. I just reviewed the material.

Dr. **Galler**. May I just point out that in reviewing the curriculum guide, it was clear that there have not been experts in child health/child development included. Our lack of direct experience in curriculum planning on this particular panel is not an unusual one. In terms of actual involvement and curriculum guides and in the development of sex education programs, I think that there are very few people in the area of child psychiatry that have been involved in an active fashion. Nevertheless, we all work with issues of adolescent sexuality in dealing with adolescents and their families, on a daily basis and are more qualified than most professionals to advise on this subject.

Senator **Weicker**. Do you find that also to be the case, Doctor? And I might add I find that to be a shortcoming, if that is the case.

Dr. **Stechler**. Yes, I think it speaks to the general insularity of the schools. Once the school system evolves, it functions almost autonomously. There are many efforts to involve the schools with other professionals, and with the community at large. To the extent that those efforts have been successful, they are to be commended. I think that this curriculum shows an absence of an adequate amount of involvement with other professionals and with the parents. I do believe that such involvement is the ultimate answer to the issue of pluralistic values. If the community is involved, it does not become such an impossible task.

Senator **WEICKER**. If I am not mistaken, most of the local community is involved. I think we do have a good community involvement. It might not be as much as you feel is warranted, but it is there. I know that. I cannot disagree, I cannot disagree with any one of you that raises the issue of parental involvement. But again here I have to, in the sense of being one who must deal with the world as it is, not as we would like to see it, and I would like to know how we are going to get this parental involvement when, indeed, it is difficult to get it on a lot of concerns of a more immediate or practical level?

Now, family life in America is not as we see it in the suburbs of Boston or Westchester County or Greenwich, Conn., and so forth, it is in sheer numbers, far more typical examples in New York City or Hartford, Conn., or Bridgeport or Los Angeles or Chicago. The reference to parental involvement seems to me to fly in the face of what the societal structure is in this part.

Dr. **STECHLER**. I believe it requires ongoing effort on the part of the responsible people to initiate and carry through the processes whereby the community involvement takes place. It is not easy. You may have literal or figurative tomatoes thrown at you.

In a community mental health center in Boston, covering Roxbury and the South End we had this experience. What evolved from this painful process was a center where there has been a high level of community involvement. We, the professionals, did not get all our plans through. The doctors took a beating at times, but the process was productive. There are still problems, to be sure, but the work goes on. So that I think to write off the community as inaccessible perpetuates the separateness and results in the closed off quality that pervades some of the material we were sent.

Another example which I would like to note is that all of us testifying are engaged in medical research. Whenever that research involves human subjects, we have been mandated by the Congress to present our proposal in extreme detail, with protocol, with consent forms, to what is called an institutional review board, made up of fellow professionals, lawyers, clergy, citizens. These proposals are given careful scrutiny before any Federal funding can be provided or, within my school, we can do the project at all even if there is no Federal funding involved. There are precedents that the Federal Government has adopted, certainly with respect to the use of research, which are very strict.

I would like to have a lot of local control and input into what is acceptable and what is not acceptable. I would be interested in seeing how one of these curricula would stand up if it were presented to one of our IRB's before it could be presented to the children.

Senator **WEICKER**. The difficulty here, the one thing that has been complained of is the intrusion of the Federal Government into people's lives and, yet, you are coming through a school system that is in local hands. The Federal Government does not run those schools and, yet, we are calling for some standards to be set by the Federal Government.

How are we going to win in this argument? You are trying to allow the local communities to—you might not agree with the standards of the local communities from your standpoint as a professional, then your argument is to the Federal Government in making moneys available, it rather is with the subject matter as it is taught in a particular school system which, in turn, is controlled at the local level.

Dr. STECHLER. The only thing I can say, sir, is that the Federal Government, in dispensing funds, dispenses power, and that all it can do is try to insure that that power is held in the hands of the local citizens to the largest extent that it is possible.

Senator WEICKER. Which is the case in the program as it is now devised.

My problem is, I do not want to put words in Dr. Voth's mouth, but I sort of see an approved list of lectures put out by the Federal Government to give the course, which is exactly what I would not want to see, certainly not philosophically, my colleague who stepped out.

Dr. VOTH. No. Let the local community pick their own experts. When you are talking about issues of anatomy, physiology, disease, the norms are clear. The more you move over into the psychological, sociological areas it gets very complex. These manuals extend right into those areas. In fact, they focus more on that than they do the basic data, some of which I think was the original mandate of title X.

Senator WEICKER. But that is not what I gather from Dr. Stechler's testimony.

In effect, aside from maybe some excessive sophistication that is implied, I do not gather from your testimony that these things go far afield.

Dr. VOTH. What is the point of giving a kid an egg to carry around for a week and pretending it is a baby?

Senator WEICKER. I beg your pardon?

Dr. VOTH. Giving a child a hen's egg, or a turkey egg, carrying it around for a week and pretend it is a baby. What is the point of that?

Senator WEICKER. What is the point of that?

Dr. VOTH. It beats me. I do not know the point of that.

They are supposed to figure out what it feels like to be a parent.

Senator WEICKER. Is this something that the Federal Government has decreed?

Dr. VOTH. Well, it is in that manual.

Senator WEICKER. In what aspect?

Dr. VOTH. Well, it has to do with what parenting feels like. That is role playing of some kind. Those choices about sex, for example, if I cannot find heterosexual sex, might I accept suggest homosexual sex introduces an idea some kids never dream about doing. That is a subtle way to influence a child.

Senator WEICKER. That would be the first knowledge that there is such knowledge as homosexuality?

Dr. Voth. They know about homosexuality. But the fact that they might consider it as one of their personal options——

Senator Weicker. Maybe somebody out there does. What are we supposed to do about them?

Dr. Voth. Not carrying an egg, obviously. Let us leave them alone. That is not the issue.

The issue is family planning. I think what I am trying to get across here is that the methodology of these manuals misses the point and it goes way beyond what is mandated by title X. Not only that, it introduces ambiguity, it opens the door for people to introduce their own ideology to the kids. The efficacy of the program depends on the child's identification with the teacher.

Senator Weicker. The best guarantee that we have on this is to make sure that the system remains pluralistic. Now, maybe you would be comfortable if you headed up the program. Chances are I would not be.

But be that as it may, I think that your point of view be a part of the overall spectrum of what is brought into the program.

Dr. Voth. I agree.

Senator Weicker. I just worry, it sounds so absolute as to what it is that is going to be taught or should not be taught. I really feel that our greatest safeguard in this area, as in every other area, is just to assure that the system stays open and that nobody does try to have a set of values until we have all the values introduced.

Dr. Voth. Some of these values are appropriate for college level courses but, at this level, with these goals in mind, I just think it is inappropriate at this time. I do not think they are going to end up where they allegedly say they want to end up. Getting certain facts across, helping the young child, the young person to control themselves to be more responsible and so on.

I think there is a better way to go about it. I think we do need a multidisciplinary approach. We are dealing with millions of young minds who are in the throes of tumultuous period of adolescence, and you are throwing all this ambiguity at them. What they need is certainty, they need to know what is going to happen to them. Certainty, direction, guidance, given by people who know what is what.

The further you get out into the regions of human identity and role and self-esteem and all of those issues, and you do not have strict control on who these professionals are, the more diverse and even pathological values, and so forth, will be brought to the kids. That is what worries me about this.

Dr. Stechler. I wonder if I might ask a question to clarify this, that is what is the process whereby these contracts are advertised, who is knowledgeable to respond to them, who reviews them and grants the contracts? Is it all, in a sense, within a single discipline?

Senator Weicker. I cannot give you the step-by-step process as to how the contracts were solicited, how they are evaluated, but certainly I will be glad to get that into your hands. Because if, indeed, those, with your particular expertise, are excluded, I think there is no question about that. That was not my impression. My impression is that basically the matter is left up to the local school boards to utilize whatever evaluating process they have at their disposal or they care to institute.

Dr. **Stechler**. I would submit that the local school boards, although they have long and excellent experience in manning the educational process, when it comes to a subject matter such as this, which is quite divergent from anything they have taught before and would not have been teaching without the initiation of the Federal program, are naive and some additional input would be advisable.

Senator **Weicker**. I could not agree with you more. How far do we make that a requirement? Here you see is where I am sure I am going to get some disagreement. To me that makes good sense. To me it makes good sense. But as soon as I say that, then I enhance the Federal role in the process. I am not so sure that others are going to agree with it.

Dr. **Stechler**. It seems to me one simple way, is to examine the review process whereby these contracts are let out and make sure that the reviewers who are consultants to the Federal Government represent a very broad spectrum of disciplines and values. In this way, before the money is let out, the proposal can be evaluated by a wide range of the citizenry. That, it seems to me, that is a legitimate function.

Dr. **Voth**. That is what is happening here. You have three different opinions.

Senator **Weicker**. Dr. Galler.

Dr. **Galler** In reviewing all four of the curriculum guides that were provided, I was struck by the absence of any informative evaluation of the curriculum guides. The material that is presented does not include one statistic, one figure, one statement of what the impact has been from the point of view of an adequate and acceptable statistical analysis. The kinds of broad generalizations made were for example: parents were more communicative with their adolescents.

On the question of evaluating the impact of the program on teenagers, the response was: now we feel more comfortable with talking about sex than in the past. We feel that now our teenagers and parents know more about sexual education, but there is not one statistical procedure that we would consider acceptable or any in depth information on the effects of the program relative to conditions prior to the introduction of the curriculum.

Dr. Stechler and I are not only experienced clinicians and administrators, but we are also well-respected researchers. If we must apply high standards for undertaking and evaluating any research study including small numbers of individuals, I don't see why similar kinds of standards should not be applied to the evaluation of sex programs that have such an important impact on so many developing adolescents and individuals in this society.

Furthermore, enhanced knowledge is only one outcome of an education program. What was the impact of the program on reducing teen pregnancy, for example.

Senator **Weicker**. I will try to get your response to the question that you raised, Dr. Stechler. So if you will spend a few minutes here.

Title X comprises two separate but closely related major programs, a program of project grants for the provision of voluntary family-planning services—including natural family planning and infertility services—to all persons who need and desire them with priority in the law given to low-income individuals.

Agencies receiving title X funds, either as direct grantees or as subcontractors, include almost 3,200 State health departments, hospitals, medical schools, planned parenthood affiliates, and other community agencies. In most cases, direct recipients of title X grants are either State health departments or regional—often metropolitan areas—family planning councils which in turn subcontract to local agencies.

In any case, every organization competing for title X funds must present a plan for the use of those funds which is subject to extensive review beginning at the community level.

A program of biomedical and social sciences research carried out under the aegis of the Center for Population Research of the National Institute for Child Health and Human Development, one of the 11 institutes of the National Institute of Health. This research program includes fundamental biomedical research in human reproduction, fertility, and infertility, development of new and improved contraceptive methods, including natural family-planning methods, evaluation of the safety and effectiveness of contraceptive methods currently in use, and social and behavioral sciences research on the reproductive motivation of individuals and the causes and consequences of population change, with emphasis on problems related to adolescent pregnancy and childbearing.

To support these two major programs, title X also includes provisions for training of clinical, counseling, and administrative personnel to assure the delivery of high-quality services, an information and education program to provide young people and parents with information and materials to assist them in developing responsible relationships and in preparing for family life, an evaluation system to assure the accountability of the program through the annual provision to Congress of a 5-year plan measuring the accomplishments of the program against its goals.

Now, as to whether or not that is adequate, I am the first that thinks that I do not believe that your discipline is not called upon to develop the guidelines.

I am going to, if there are any further comments, otherwise I am going to recess the hearing for about 15 minutes when Senator Denton promises to be back at 11 o'clock.

Are there any further comments? I do not want to close anybody off—that anybody has to make at this time.

Hearing none, we will recess until 11 o'clock.

[Short recess.]

Senator **Denton**. The hearing will be reconvened albeit a few moments early. I have had to attend two hearings this morning.

On the issue of parental involvement, I missed the last 15 minutes of discussion.

Do any of the three of you have anything further to add to the manner in which parental involvement would be best designed, the degree to which we should see it as essential, that sort of thing?

Dr. **Galler**. Senator, the point was raised earlier that it is difficult to reach many of our parents, and that this may just be a common phenomenon of today's society. It was said that perhaps we should not to be concentrating such efforts on parent-involvement in programs specifically those dealing with adolescents. And I do wish to take issue with this point.

First, concerning the possibility that involving parents in these types of programs is a difficult task. In those groups that are at highest risk, mainly lower socioeconomic classes, one encounters a even greater challenge with respect to parental involvement. However, I personally have had experience in many instances of having effective means of dealing with this problem.

Both Dr. Stechler and I are based in a hospital serving patients from the lower socioeconomic class of Boston, in Roxbury, where we are continuously dealing with populations that are, in fact, extremely high risk. We have found that the kinds of programs that we are able to work out include parents. We are able, by outreach programs, to tap into these individuals and, in fact, it is only under these conditions that we are able to do a successful job with treating children. It makes no sense to deal with an adolescent from the point of view of mental health issues unless one is also dealing with the family.

I also have had experience in working in developing countries with lower and lower middle-class populations who are extremely high risk. Here, parental involvement is mandatory in terms of making children grow healthier. I am referring to groups of children who are exposed to malnutrition in various parts of the Caribbean and Latin America. It has been the experience of malnutrition intervention programs, in general, that by the means of active outreach into communities that one can involve parents. With respect to Project Head Start in this country, parental involvement in intervention programs is the only effective means to affect the outcome of that child from the point of view of physical and mental development.

I would like to emphasize that we need to concentrate a substantial portion of the family planning funds to provide more innovative means of involving parents, in the sexual education of their children. I find it surprising that despite $600,000 allocated to only one of the sexual education programs, that not even 10 cents of that sum was devoted to outreach attempting to involve parents.

I would personally feel more comfortable if a certain fraction of that $600,000 were directed toward more innovative methods to invove parents.

Second, I wish to underline the importance with respect to the child development of involving parents even in the adolescent age group. I touched upon this earlier in my testimony. We are familiar from the press and literature with how important parent/child bonding is during infancy and early child rearing. It must continue through adolescence in order to insure the successful development of the child. This is based again on extensive evidence which is already available in the scientific literature concerning adolescence.

Senator DENTON. Dr. Voth.

Dr. VOTH. I basically agree with that. The more parental involvement that you can get, the better. I would not design a program that depends exclusively on that because I do not think we would get a lot of parents to come.

Senator DENTON. I think we are all in agreement on that.

Go ahead, Dr. Stechler.

Dr. **Stechler**. I do not have the text in front of me so I cannot quote it exactly but, as my memory serves me, there was one item in the curriculum that talked about relationships with community and talked about calling these courses by some other name so that it would be found to be acceptable. It suggested that if you called it what it really was, it would not be acceptable and so forth. I am sure I could find the exact quote.

But it seems to me that that indicates not only a failure of outreach but a patronizing attitude and even a deception of the community at large. Feeling that they are not to be trusted, not to be drawn in. And if that is the attitude which prevails and underlies the generation of these programs, then it would not be surprising to me at all if there was zero parental involvement. It is not asked for. It is discouraged.

Senator **Denton**. I was discouraged by the same thing as I read through the curricula and noted that the decisionmaking approach guide recommends that the sex educator diffuse possible negative reaction to the curriculum by publicizing the program as being about adolescent growth and development, or adolescent health issues or growing up male/female. They admit that this tactic may create false impressions or misinterpretations for potential participants or their parents.

I did find that a rather flawed point of departure in terms of honesty, if nothing else. The question of parental involvement is so important, and I do not wish to make unilateral statements, but I, too, have had to study this particular problem.

When we are using the term education, it, of course, can be used in the most general sense. In looking up the development of that word in our language, I found that in Latin "edicari," literally translates as "to lead out of," and really "to lead out of darkness into light." But the connotative meaning of the word for hundreds of years in the Latin was to "rear," r-e-a-r, with all of the implications which that word carries

In that sense, if we teach physics or chemistry, they would not normally be thought of as a means of rearing. However, it does seem to apply to this particular subject, in my opinion. I believe that the parental right to rear is a stake here, and I think that we are all in agreement that these guides have not achieved a significant degree of incorporation of parental involvement. I do believe that most of the people involved in this program, probably at this moment, believe that they have been trying, but I think that, previous hearings have illustrated that they have not been successful, and they would agree that we have not achieved an adequate level of involvement. It is difficult.

In that vein, Dr. Stechler, you referred to the listing of the word "abstinence" exclusively in a list which presented a number of birth control methods which seemed to bear on the values clarification aspect of this in a rather subtle and effective way.

Would you care to elaborate on that statement?

Dr. **Stechler**. Yes, Senator; I will.

It is fairly clear if one examines the simple logic of the statement that by introducing it in this particular way, it is giving abstinence subordinate position. That abstinence, rather than being the major decision that somebody is going to make in his or her own life, in terms of premarital sexuality, ceases to be the fundamental issue from which all others are derived. The logical construction places it in a subordinate position along with the other forms of contraception and relegates it to the backwaters of the issue.

Senator DENTON. In other words, it lists here 25 means of birth control, abstinence is one, and they skip the question of continence versus indulgence as a more basic question?

Dr. STECHLER. That is right. And I could imagine the confusion that would be in the mind of an 11-year-old child confronting this term, and hearing that the only issue about abstinence has to do with birth control. One is thereby preempting the fundamental consideration. And I think that one of the reasons that this fundamental consideration is preempted is the unwillingness of the school to go into open discussion around what may be too controversial. Sweeping it under the rug this way does it a disservice. And I do not want to be too repetitive, but certainly if the process were different and parents were involved, there could be some discussion and values of various groups could be brought forth.

Senator DENTON. What it appears we are confronting here is not a real religious or denominational question but a civilizational question. I talked with Dr. Max Lerner on the issue of sexual permissiveness and the advancement of a society, and he had a most interesting comment.

He had given a lecture at the Armed Forces Staff College, after he kind of suggested that he was looking into the issue of whether a civilization could continue to progress and flourish while condoning sexual permissiveness. This shocked me from reading his columns over the years, and I asked him, if he had ever found an advanced society with that sort of attitude which had continued advancement? He said: "I was afraid you were going to ask that question." He said it is not because I have not looked, but the answer is "No." I have not.

So we are not talking about the good old days or the bad old days of the United States. We are talking about 4,000 or 5,000 years of recorded history of civilization. We are not talking to you about a 100-year or 200-year verification of belief or revolution in my view or of anyone else.

Dr. VOTH. If I could take up on a point for just a moment.

In your absence, I pointed out that one of my criticisms is the extent of the topics dealt with in these manuals. I believe it goes way beyond what the intent is and it—the more further out it reaches, the more it lends itself to not only ambiguity but the infusion of all kinds of variances, that the teachers can bring to the students under the guise of these manuals. It is the methodology of the values, clarification methodology, which is my severest criticism. I am not against the transmission of knowledge. I want kids to be as enlightened as they possibly can be.

Senator DENTON. Dr. Stechler?

Dr. STECHLER. The problem, as I see it, is the diversity of the population itself, the range of subgroups one is dealing with. We had in our clinic children between the ages of 2 and 6 years who came in with venereal disease. They have been sexually molested and abused within the family and outside the family. We have, at

Boston City Hospital, an unacceptably high number of pregnancies and deliveries by 12-, 13-year-old girls. So that, you know, on one hand, you could say we want to pass on values and protect children, and so on and so forth, but we have some very grim realities to deal with. And I think one of the implicit, if not the explicit, aims of this whole program is to try to offer to children some aid and comfort and a chance to develop in their own lives. Under the existing circumstances the possibilities are very bleak.

So I think the dilemma that faces all of us is how do you preserve family values, but at the same time offer protection, guidance, health, aid, in whatever form, to children whose life potential is being threatened before they have had much of a chance. And somewhere on the horns of that dilemma we have to find an appropriate policy.

Senator DENTON. I think we are getting there. In other words, there is some families which are not good families; the father is forcing incest upon the daughter, that sort of thing. But we have to be careful about categorically stating that families are no good, the old days were no good. And I have a problem with the statement that history proves that the influence of church, that might include Muslim and Judeo-Christian writings, has done more harm than has been done by States.

I would question the validity of the generalization that the men and women have given themselves to that institution, have not—on balance—made a more altruistic contribution to the development of civilization than has the naturalistic state. I just want to say that on my own.

Are these four curricula duplicative of each other and, if so, would you think they merit separate funding or development staff in terms of the uniqueness of their content?

Dr. GALLER. The four curricula provided have a striking amount of overlap. They are, in fact, all developed by professionals in the area of sex education. The guides are similar despite the apparent differences in the populations being addressed. These include differences in socioeconomic class, age groups, children of various degrees of sophistication, and various types of family life. I find it surprising that the major curricula in sex education do not, in fact, address this variability. There is also duplication of funding, given the fact that all four curriculum guides are similar in nature, and were developed using independent grants for their development.

It would seem much more cost effective to allocate funds for parent outreach, evaluation, selected reviewing of the existing data, and creation of multidisciplinary groups, for developing programs.

Senator DENTON. Dr. Voth.

Dr. VOTH. I stated I thought they should be scrapped and the money used toward something that is much more effective, if for no other reason than the highly variable population. I overlooked that point.

Senator DENTON. That would be a very controversial proposal and would probably be defeated in the Congress in its present mode because of the perception of what family planning is, what title X has done, that sort of thing. In fact, so much so that I think we should proceed toward thinking of new approaches but not toward eliminating all Government involvement.

Dr. VOTH. I did not say wipe out the concept. I said the method is wrong. The concept is fine, but the method is what I was talking about.

Senator DENTON. There seems to be unanimity in that, that we are a long way from perfection. And I think if the question were asked of whether the program has done more benefit or harm the answer would be that it does not look good on balance. I know that would be a debatable subject, especially in your case, Dr. Voth. In fact, maybe I should ask that question.

Judging it from the perspective of your examination of the only available sex education curricula put out by that group, how would you answer that question, more harm than good?

Dr. VOTH. I do not think there is any doubt that if this manual was applied, implemented, and they really worked at it the way they designed it, it would do more harm than good.

Senator DENTON. How about you, Dr. Galler?

Dr. GALLER. I am sorry to have to come to the same conclusion. The material is very emotionally laden and highly charged for the age groups addressed, and it does not take account the stage of development that the child is going through and the type of material that he/she can absorb at that age.It is unfortunate. I agree that these programs need to be modified, that one does not want to throw out the baby with the bath water. But, on the other hand, in terms of these four curriculum guides I have been presented with, I have difficulty in supporting their usefulness as currently available.

Senator DENTON. I want to make clear for the record that we are not talking about judging whether or not contraceptives are made available. We are not talking about whether hygiene information is made available or biological information. We are talking about the sex education curricula, which are the only manifestation of title X sex education.

Dr. Stechler.

Dr. STECHLER. Let me try to answer the question by saying if my school committee presented to me, as a parent, this curricula, and then gave me a permission form and said do you want your child, my 11-year-old daughter, to attend this, I would say not as it exists. I would say that I would like to have some input in it.

I think there are many extremely worthwhile elements within it. The choice, if I were given this or nothing, I might move to a different town. But I would want to have a chance to work it over, and I think that with some broad representation, this curriculum worked over, could be valuable.

Senator DENTON. All three of you would be qualified to discuss some of the risks involved in using techniques of psychotherapy, such as role playing and group discussion, in the classroom of a typical public school.

Now, in asking that question, I have in mind the delineations which you have carefully made regarding socioeconomic class, the family background, the age, prior sexual activity, whether that can be changed or not. So, in that context, what are some of the risks involved in using psychotherapy such as those mentioned?

Dr. **Voth**. I have done a lot of psychotherapy research. For 10 years, I was the chairman of a team at the Menninger Foundation. I have always made psychotherapy, psychoanalysis, the central feature of my professional life. I have enjoyed doing it. There are enormous risks attached to the psychotherapy process, if a person responsible for it does not know what he is doing.

Now, when you put people together in a group process, or in an individual process, you activate hidden forces within their minds, commonly referred to as unconscious conflicts.

Senator **Denton**. Unconscious conflicts?

Dr. **Voth**. Conflicts. And if those conflicts are not identified accurately, and then dealt with expertly, the individual can get into a lot of trouble. Sensitivity training groups lead to intense discussions, and some of the people became psychotics, because their minds spewed forth its content, and they became overwhelmed.

When you introduce touching, a lot of that stuff described in the manuals, I think we are setting the kids up, particularly the emotionally vulnerable—and remember, adolescents, by the phase that they are in, or the heightened phase of vulnerability, you are setting these youngsters up for psychological difficulties on two counts.

The ambiguity that you are introducing into their lives, by virtue of the content, and the intensity of the interpersonal relationships, place them at risk.

And may I just add, when one gives an adolescent guidance and leadership and direction, I am not talking about dictatorship, or anything of the sort, just talking about a good guiding hand, and this methodology is just too ambiguous. There is no guiding hand.

Dr. **Stechler**. In response to your question, Senator, take the particular case of a 12-year-old boy who came in to see me for psychotherapy. His major problem was that he was a little bit slow in terms of physical development. His puberty was in the normal range, but on the slow side. Because he was less developed than some of the other boys, they had called him a faggot. He hardly knew what it meant, and he certainly did not know if it was true of him or not, but he was really terrified.

We worked on that, and he learned a lot in pyschotherapy, and left feeling pretty good about himself. But this kind of issue, of the interpersonal relationships among the children, creates tension, problems which would be helped, to be sure, if the children were more sophisticated, more mature, treated each other more kindly, understood each other. Except that we know, the kind of developmental process that they are involved in could not be handled by some kind of once-over-lightly approach.

What I read in this curriculum, is a legitimate concern for the developmental problems that the children are going through, an honorable desire to do something about it that would be helpful to them, but totally inept, and potentially dangerous implementation of those desires.

Dr. **Galler**. I agree with Drs. Voth and Stechler. I feel that the use of therapy techniques, including group therapy, and use of free association may be harmful. Adolescents are going through a particularly vulnerable period of development, and that exposure to these kinds of unsupervised experiences, has been demonstrated to heighten and increase the number of mental health problems in the group. This really does need to be underlined. Such application of psychotherapy techniques must be done only with the guidance of a trained mental health professional

Senator **Denton**. In one of the curriculums, "A Decisionmaking Approach to Sex Education," there is an exercise for a mixed classroom, that would have the students write on large sheets of butcher paper all of the slang words that they have ever heard, or read on bathroom walls, that relate to different parts of the human anatomy. They are then asked to discuss how they felt about writing the words.

Similarly, students are then asked to discuss how they felt about writing the words. Similarly, students are asked to make drawings of the male and female anatomy, and to swap, among the groups. They are then asked if they like doing this exercise.

In discussing this exercise, the authors acknowledge that it may lead to discomfort and embarrassment, and that in mixed groups, girls will be less likely to respond than boys. They are asked why it happens. Is this sort of desensitization process valid?

Is this within the mandate of the title X program? I would also ask if the attempt to overcome natural modesty, if such a term is valid these days, might represent anxiety for the girls involved?

Dr. **Galler**. The comment I raised earlier certainly applies to your example, as a very clear-cut case of the kind of problem that can occur. The example that you raise, addresses an even more fundamental concept, that we must deal with in child development, in treating adolescents, and in treating adults, for that matter.

That is the fact that there is an adaptive presence of certain defenses that helps us to keep our ego intact. It is extremely important to recognize that there are normal, healthy, and adaptive defenses, and breaking such defenses down by the technique used in the curriculum is hazardous.

To translate this idea from psychological terms to physical terms, if one take one's hand and puts it in the fire, one experiences immediate pain. Pain is a helpful phenomenon, because it helps one to define and set a particular limit so that you do not get your hand burned in that situation. You remove your hand from the fire in response to pain.

Similarly, the availability and presence of psychological defenses, which can be expressed as modesty, as discomfort, or anxiety not only can be helpful, but are adaptive phenomenon and should be respected as such.

Any kinds of modality that challenge such defenses, without the proper training to do so, and by this, I mean long years of training in doing psychotherapy, creates difficult and often irreversible emotional problems.

Senator **Denton**. Dr. Galler, since you have dealt more with the age group involved, and probably because of that, considerably with this particular subject, what feeling or opinion have you received from adolescents, particularly adolescent girls about abstinence as a method of birth control? How do they feel about that? Do they just giggle, and say nobody abstains? How do they look at that?

In terms of dealing with adolescents—I work with many adolescents who develop psychosomatic aches and pains. Often, at ages 13, or 14, or 15, these children are exposed to conditions that are overwhelming for them, many times in terms of understanding their own sexuality.

There are normal defense mechanisms, which temporarily put aside the adolescent needs to reinstate in the course of psychotherapy in order to overcome the psychosomatic pair. I can certainly think of many examples where a limited outlook, in terms of what one does with one's sexuality, produces the above condition. When abstinence is presented as one of a list of choices, like a list of 28 flavors in the ice cream store, confusion often arises in the form of anxiety and symptoms.

Senator DENTON. The "Family Life Education" curriculum provides junior high students the story of "Baby X," which employs what the guide terms, "the technique of sex role reversal to point out automatic assumptions about sex roles."

This story, apparently, first appeared in Ms. magazine in 1972. The authors emphasize that the teacher should be ready to discuss such terms as "transvestite, bisexual, gay, fairy, et cetera."

"Baby X" in the story is the bisexual product of scientific experimentation.

Would any of you care to comment upon the content and intended effect of this story?

Dr. VOTH. I would like to.

I am sorry Senator Weicker could not hear it, because there is a beautiful example, until you reminded me of it, of the way this militant group that I referred to earlier, first got their word in Ms. magazine, and now that story is in a document that is being financed by the Federal Government. That is very destructive, I think that story is very destructive, and to allude to these other kinds of life stories as being normal, is an absurdity.

But the young, impressionable kids do not know that. If the teacher, even mildly, or profoundly introduces that kind of—forgive the term, "drip" in the classroom, they cannot help but be impressed. And they ponder, maybe the psychoreversal is OK, or transsexual, whatever.

Senator DENTON. You do not mean to be saying, I presume, that one would denigrate a homosexual?

Dr. VOTH. No; of course not, but you do not call it the norm, either.

Senator DENTON. Dr. Stechler.

Dr. STECHLER. As I read that, I was amused but chagrined. I think the offense which this particular piece is trying to correct is very clear. It is the extreme sex role stereotype that has been part of our society for a long time. The women's movement has created a recognition of a new reality, one in which the separation and nonoverlapping of sex roles may not be as extreme as it had been in the past. There is a lot of movement that would be healthy for everyone in society.

I thought the technique that was used in this article tended to go to the other extreme and say it was a positive value to eliminate any kind of sex role identification. If one could eliminate all sex role identifications, this would be a better world to live in.

Also, it presented the magical belief that one could grow up as a sexual neuter, and then when adolescence came one would be able to achieve the appropriate sexual identification to live with for the rest of one's life. That is a naive and erroneous assumption. You cannot, at age 18, after having been raised as a neuter from birth, suddenly know what you are supposed to do. You have one set of genitals or the other and will now provide the needed identification. That proposition goes against everything we know about psychological development.

So that again, I would say that they are trying to correct something which has in the past been too rigid. The fact that it is now presented so extremely on the other side, negates its value, and makes it counterproductive. I think anybody who would put that in for junior high school children is naive. Again it speaks for the absence of appropriate and multidisciplinary input into this whole enterprise.

Dr. Voth. Re the naivete of those who would put the "Baby X" story in a junior high curriculum—Senator, I do not think it is naive. I think that it is done intentionally. I sincerely believe that. I have seen these people work before in other contexts. They are people who literally believe that the gender identity bears no relationship to personal identity. They are wrong.

Senator Denton. One guide cites studies that show that the attitudes of students who have participated in a family life sex education course were found to have moved more closely to their teachers' attitudes, after a semester long course. The results of this study showed that the students' attitudes consistently moved away from unrealistic and dogmatic perceptions of relationships and marriage, toward more realistic and less dogmatic perceptions.

Assuming that these adjectives describe what attitudes are best for students to hold, I would ask you to assess what the impact upon students might be if a particular teacher, using this curriculum, did not hold the least dogmatic, or most realistic attitudes on the subjects discussed.

Could such a person adversely influence the attitudes and perceptions of the adolescents while using this curriculum?

Other than self-selection, did you notice any method that would help a program to adequately screen the individuals who would be teaching from the curriculum?

There are many parts of that question, but I guess the important thing is that they seem to revel in the triumph of weaning their way from unrealistic and dogmatic perceptions of relationships and marriage, which I think we would have to say is a subject for examination in itself, rather than have the question pegged by the people who are institutionally responsible for setting this thing up.

Any comments, Dr. Voth?

Dr. Voth. I think that the teacher is next in importance to parents in terms of guiding the young. Teachers are frequently parent surrogates for the young person, and so they are bound to identify with their values, and their personalities, and so on.

Now, with regard to less dogmatic approaches to education. Who says that it is less dogmatic? That is a value judgment that somebody wrote into that manual. I do not know that the way that family life is constructed now is better than 25 years ago.

Personally, I think it is a lot worse in many respects, because there is too much ambiguity, and role confusion, and role reversal, and so on.

Who screens these people who are going to take on these awesome responsibilities? Nobody. And therein lies an enormous danger for extending the content of these manuals into areas of personality development and functioning. In light of the diverse population that will be the recipient of these educational programs, I am making a plea for simplicity, and adhering to well established facts.

When you get over to areas of human development, and personality functioning you are opening up a can of worms.

Senator **Denton**. My own thought, frankly, has been that the so-called realistic and less dogmatic perceptions of relationships in marriage tend to mean, "let us not get off on trying to be exclusive between marital partners with our sexual activities," and I am not sure that many married men or women would go for that.

Therefore, the question is, if one tends to diminish what might be properly regarded as the desirability of an effort to achieve monogamous relationships, would that not be harmful or diminish the likelihood that a child would understand what it means to be a good mother or father?

Dr. **Voth**. There are two sociologists who wrote a book on marriage—I forget their names—and they admitted that every couple that they knew about, that followed the open marriage guideline, and that basically amounts to swinging, ended up in divorce. Anybody that knows anything about the human conditions know that you cannot do that to your spouse, and expect your marriage to survive.

Senator **Denton**. Dr. Stechler.

Dr. **Stechler**. It seems to me that any well organized educational system has among its many obligations, a dual function to present both what is real and what is ideal, and that if it negates or avoids either of these two, it presents a warped view of the world to the youngsters.

To say that marriage is made in heaven, and everybody is faithful and so on and so forth, would so fly in the face of the children's own perception of what their parents were doing, and everybody elses' parents were doing that, they would discount it, and say that the school does not know what it is talking about, and would play hooky the next day, probably with good cause.

On the other hand, if the stark reality is presented with no sense of what ideals may be, as a counterforce against that reality, then I think some of the areas that Dr. Voth was speaking about are germaine and there is no standard against which to measure the real.

Senator **Denton**. By reality, you mean that total sexual fidelity within marriage, or total abstinence before marriage, on the part of all human beings is an ideal, perhaps, but not one which is frequently realized?

Dr. **Stechler**. That is correct.

Senator **Denton**. But to state it as a reality that one should not try, or to point out that there is a pretty good record out there in families, both of effort and forgiveness, when the effort fails, would that not be part of the reality, rather than just everybody does it all the time?

Dr. **Stechler**. Yes; the reality is a complex thing. There is no one simple reality.

One of the realities is that you can look at the Kinsey report, or one of the more modern ones, and you know statistically what proportion of adults maintain a sexually faithful relationship with each other.

Whether the children should have that hammered into them, as the state of affairs, without proper counterbalance, I think is always open to question.

Senator **Denton**. Yes, Dr. Galler?

Dr. **Galler**. I have to confess that I have difficulty with that statement. I did not understand it. I am referring to the statement that children shifted from more dogmatic to less dogmatic values following the developoment of a close relationship with the instructor.

I was frankly puzzled by it. Is the sentence a recognition that adolescents are extremely vulnerable to the effect of someone important outside of the family, a role model helping the adolescent to develop new relationship in their lives?

Then this statement does nothing more than support the existing literature, that in fact during young adolescence, that this is one of the phases of development that all adolescents undergo.

If the statement implies, on the other hand, that there is some actual shift in values, I think this is a more serious issue, but again, I am unclear as to what values are being talked about, under what circumstances, and so on.

I think to understand the statement one really needs more explicit information and not an apparent generalization. The other point that needs to be taken into account is from whose point of view is the comment made. If you ask teachers how they would evaluate a course by the end of the semester they would feel that the students have a greater appreciation of the geography they are trying to teach, the English that they are trying to teach, and soon. The statement you refer to seems to me to be a similar response. Such a subjective comment must be supported by an appropriate documented evaluation of the impact and quality of the course.

Senator **Denton**. From what I have seen of title X, I do believe that they have tried to accommodate the differences among the youth they are going to address in terms of age, sexual orientation, in terms of the permissiveness, or nonpermissiveness.

However, I cannot believe that with just four curricula we have been able to achieve anything like that. And I do not condemn them for that. I just do not believe we have gotten near the problem.

Would you three have any comment to make, looking toward a constructive trend without trying to determine precisely the degree of Federal involvement, regarding the approach to sex education?

Would you consider the possibility that all of the disciplines should have to be represented, in the organization and development of the curriculum, the planning and implementation of the course, and in monitoring the manner in which it was presented? And then in addition to the disciplines, do you think the parents of the youth involved should also be permitted a voice with respect to all of those matters, because as we all agree, they have some rights, and although some parents are bad, nonetheless, parents as a group cannot be thus necessarily categorized.

Once some kind of general rules of organization and implementation are laid out for the individual school levels, say to high school, could there not be a similar curriculum developed from the local point of view—involving such groups as parents, church leaders, and other disciplines within the community—and then let the parents choose which sex education program they wish their children to attend.

Now, you would not necessarily have that course taught every week, or every month. There would be time for this team to shift from one grade to another. It would not be an impossible task.

I ask that, because I have been trying to work this out in my own mind for 7 years now, and I am interested in the comments of experts.

Dr. **STECHLER**. I would agree wholeheartedly with everything you said, up to the very last step. That is, the preparation, and the way we introduce it into the school system, but I have some reservations about the last step of implementation which I think would have to be considered.

The idea of segregation or the self-segregation of children into different groups, done by themselves, or by their parents, could be too isolating. There would now be the "we" groups, and the "they" groups within the schools. One of the great virtues of the public education system of the United States was its fulfillment of, insofar as it was fulfilled, the melting pot theme. People came to this country from diverse lands and cultures, and by sharing a public education system, were able to forge a single nation. The public school system was critical in this acculturization process. This current idea of students sitting in separate rooms, having their own course, which reflects their own ethnic, religious, and cultural position, would run counter to that central theme that has been so valuable to us.

That is my reservation about that.

Senator **DENTON**. Sure, with respect to the sex education them, though, were you not in agreement that perhaps the parents, and even the so-called theistic people, ought to be given a shot at it, somewhere?

Dr. **STECHLER**. Absolutely. I agree entirely with that. The only point of that which I have a reservation about, is the last step involving segregation of the students.

In other words, I would like all these people to get together.

Senator **DENTON**. And hear all of them, maybe?

Dr. **STECHLER**. And let them hammer out some curriculum that they are willing to let all their children hear.

Senator **DENTON**. How about a combination, that is, hear their own, and then hear them mixed?

Dr. **STECHLER**. I worry about it, but that is my own personal position.

Senator **DENTON**. I am just trying.

Dr. **Galler**. I certainly think that the alternative that you suggested, can certainly serve as a beginning, to organize some programs that we have been talking about today.

I do not really have an opinion at this time about, how such a group should or should not be organized, whether there should be individual leaders or not. I can see arguments on either side.

But the issue is, that it does underscore an attempt to pull together the ideas and comments that we have all been making today, in terms of the need for multidisciplinary teams to develop sex education programs to monitor the curriculum content, program implementation, and to insure ongoing evaluation of program effectiveness.

Senator **Denton**. And hopefully one element that would tend to dilute the separatism would be the inevitable peer pressure discussion about the subject, realizing that the ideas are not that unique, I think they would share, but I will admit that is only a fundamental approach that I have been sharing.

Dr. **Voth**. I would like to just comment on that.

What are they going to talk about? Sociologists are going to talk about far ranging subjects. These are the very things that I find so disturbing.

Senator **Denton**. Would not the other disciplines tend to intervene in the discussion? No one would persevere.

Dr. **Stechler**. If we talk about venereal disease and pregnancy, and sexual behavior, and then talk about the implications from a sociologic point of view, it cannot be purely medical to avoid these broader topics that I have discussed already, to avoid group processing so that you do not get these problems developing, puts the kids at risk, since they will remain uninformed about the most vital issues.

Senator **Denton**. A point upon which all three of you agree is that the sophistication level is too high, that we should keep it more simple?

Dr. **Stechler**. Absolutely. Keep it simple with respect to the technical aspects. Monitor it, and see what happens.

There should be protesting of a few different kinds of programs in a few cities or a few schools in different cities. Check the results before you turn loose a big, massive program on the Nation.

No investigator worth his name ever put all of his money on a big project until he did a pilot study first, to see if his hypotheses have any validity to them at all, and I think that is what has to be done here.

Dr. **Galler**. I would also just like to add, in terms of your question earlier about the four curriculum guides, that we all agreed had tremendous overlap, that the likelihood of any one type of program being operative and appropriate for all communities is small.

The fact is that a community in Alabama is quite different than a community in Boston or Louisiana.

Senator **Denton**. And different communities in Alabama.

Dr. **Galler**. I think the importance of a community involvement, and parental input, would dictate the styles of the program that might be suitable. We need to be reminded there is a lot of individual variation.

Dr. VOTH. Get the certain barebone facts that must be transmitted, that every kid should know. That is it.

Senator DENTON. The biological facts.

Dr. VOTH. Yes.

Senator DENTON. I must end this hearing.

Senator Humphrey has asked that he be excused on the basis of conflicting responsibilities, which precluded him from being here today. He has submitted a statement, which will be inserted in the record at the appropriate place, and Senator Weicker's statement will be inserted also.

STATEMENT OF SENATOR HUMPHREY

Senator HUMPHREY. Mr. Chairman, I'm sorry that other committee responsibilities will prevent me from attending the hearing to review the demonstration projects in family life/sex education which are supported under title X of the Public Health Service Act. I look forward to reading the testimony of the expert witnesses who will evaluate the curriculum guides developed under this program. The work of this subcommittee in reviewing these sex education projects provides an important, needed component in our oversight of this program.

Senator DENTON. I would like to thank Dr. Voth, Dr. Galler, and Dr. Stechler. Dr. Stechler being the chairman of the department at Boston University, and Dr. Voth, both many responsibilities, and I particularly want to thank these people for taking their time to attend this important hearing. We have known Dr. Galler for almost 1 year, and know how much she has committed herself to research in this area, so we thank all three of you for your time, and your very wise testimony this morning.

It will be an important part of our findings as we proceed on the subject of title X, family life, and other related subjects.

At this point I order printed all statements of those who could not attend and other pertinent material submitted for the record.

[The material referred to follows:]

STATEMENT OF EUNICE KENNEDY SHRIVER

I have read with great interest the curriculum materials developed by HHS called, "A Decision-Making Approach to Sex Education". The curriculum has obviously been prepared with technical skill by experts in lesson planning and in the techniques of information transfer. There are important strengths in the approaches suggested in the Curriculum Guide. The organization of the ten sessions is meticulous; the separate curriculum which involves parents with their children in discussions of sexuality is innovative and important; the design of the training session for teachers is thoughtful and necessary.

My objections to this curriculum, therefore, are not to its organization or its professionalism. It is a skilled, technical performance that provides the beginnings, at least, of an understanding of our sexual nature. The proposed curriculum dispells certain myths and misunderstandings of sexuality and provides some rudimentary but useful formulas for decision-making.

Yet when one has read the curriculum and reviewed the materials developed for its use -- one comes away with a feeling of emptiness and confusion. For all its awareness of sex in human experience, for all its attention to the psychological and economic consequences of our sexual choices, it might just as well be a manual teaching a new sport or a new language. The rules are there, the vocabulary is there -- but the significance of the activity itself has been totally omitted.

Here is an education model for an approach to sexuality which does not use the word "love" until the very last of its ten sessions; that never places sex in the context of any moral value such as loyalty, self-sacrifice, self-esteem, sharing, commitment, nurturing or even truth-telling. Here is a curriculum which deliberately avoids what it calls a "problem-oriented" approach to sexuality in favor of a "decision-making" approach. Yet it offers no moral, ethical, emotional or even practical bases for such decision-making and avoids totally the complex of problems that surround sexual activity for the adolescent. Here is a curriculum which wisely seeks to involve parents as co-participants in frank and open sexual discussion but nowhere mentions the role of sex in the creation of families, or defines the values of families themselves. Here is a curriculum which exposes its own bias by listing in last place "demonstrating affection or love for a partner" as a reason why adolescents become sexually active, and putting in first place, "because it feels good".

The curriculum subscribes to the value that "the truth shall make us free", but its truth about sex is one of body parts, accurate nonmenclature, physiological processes, superficial emotional preferences, and culture-based stereotypes.

Dispelling myths and misinformation in all these areas is a benefaction, but in the end one is left wandering aimlessly in a narrow world of drives, devices, and decisions, without the slightest inkling of the larger universe of moral, ethical, cultural, or even pragmatic values which surround every sexual decision we make as human beings.

There is, in fact, no consideration given to our distinctive moral nature as humans. We might just as well be the counters on a game board used in one of their sessions, or the hapless characters in the story of Stanley Sperm and Agatha Egg in which the curriculum reduces the sexual act and its consequences to the level of a puerile joke.

In several places the curriculum takes pains to emphasize that "there is no right answer" -- simply an answer that is "right for you". In my experience working with adolescents for more than 30 years -- this is not the news our children want to hear from the world of adults. Adolescents do have a perception of a moral order; they do recognize that some things are right or wrong in themselves. They are looking for more than a process of decision-making. They are looking for moral and ethical guideposts by which to direct their decisions.

It is in the essential ethical dimension of sex education that I find this curriculum so tragically lacking. It has mastered the vocabulary of sex without capturing its meaning. It teaches the mechanics of sex but avoids its morality. It reduces our sexual nature to its most mechanical parts -- but never reassembles them into the vision of what sex is and should be: a statement of our deepest love for another; a pledge of loyalty and commitment to a continuing relationship in marriage; the indispensable beginning of a family in which we express our faith in ourselves and in the future.

The Couple to Couple League

P.O. Box 11084 • Cincinnati, Ohio 45211 • (513) 661-7612

November 4, 1981

The Honorable Jeremiah Denton
5331 Dirkson Senate Building
Washington, DC 20510

Dear Senator Denton:

I would like to have the enclosed included in the official record of the hearing on Sex Education curriculum guidelines held in Washington, D.C. on September 24th 1981.

The Couple to Couple League is a non-profit, interfaith organization of over 18,000 members concerned with the problem facing modern marriage. Through the agencies of 455 teaching couples in 46 states and five foreign countries, the League instructs couples in the use of the sympto-thermal method of natural family planning.

We consider artificial forms of birth control to be immoral and damaging to the fertility and marital relationships of those who use them. Natural family planning via the sympto-thermal method has no health risks, does not operate in an abortifacient capacity, and has a method effectiveness equal to that of oral contraceptives. Furthermore, the testimony of hundreds of users of the sympto-thermal method confirms that this method enriches marriages and enables parents who use it to convincingly inform their children of the necessity of premarital chastity by their own examples of chaste and responsible marital sexuality.

Artificial contraception lacks this capacity, for a couple who do not ever encounter the need for periodic abstinence in order to plan their family size will find it difficult to explain to their children 1) why their own sex drive is so urgent that nothing should ever permit them from having relations at any time, yet 2) their children are to restrain their sex drives in the interests of a vague notion of chastity they have never seen any adult willing to practice themselves. Chastity is formented in society by the example of parents who place such value on sexuality that they are willing to turn it into a plaything without consequences. Children who grow up with such a truly "responsible" example of sexuality are better prepared to live chaste lives than those unfortunate children left to the influence of the panderers and hucksters with no adult example of marital love to emulate.

Thank you for entertaining these ideas and for all the excellent work you are doing in behalf of family values in our society.

Sincerely,

Keith Bower

Keith Bower
Director of Teacher
Certification
CCL
513-661-2733

KOB:bjo

Enc: Not in the Public Interest

the
Center for
Population
Options

October 19, 1981

Senator Jeremiah Denton
Chairman
Subcommittee on Aging, Family & Human Services
Committee on Labor and Human Resources
U.S. Senate
Washington, D.C. 20510

Dear Senator Denton:

Thank you for your letter of September 20, 1981 inviting the Center for Population Options to submit testimony on the subject of curricula developed under the authority of Title X of the Public Health Services Act. We would like to submit for the record the following statement.

The Center for Population Options is a private, non-profit agency based in Washington, D.C. Its primary focus is public education about adolescent fertility; five current projects address the overall issue on local, national and international levels by working through the media, through established youth serving organizations, and through an international network.

Through the Center for Population Options' Program to Expand Sexuality Education in Cooperation with Youth Serving Agencies, we have helped twenty national youth service agencies in working to reduce the high incidence of adolescent pregnancy and childbearing. In three model cities - Cleveland, Des Moines and Seattle - we offered technical assistance to enable the youth serving agencies to develop model sexuality education programs appropriate to local needs. As a result of this project, we will be developing a series of resource guides which we hope will assist other agencies in implementing similar projects. These guides will focus on alternative approaches to offering sexuality education: 1) peer education; 2) small group discussion programs; 3) programs for pre-adolescents; 4) programs for males; 5) programs for parents and parent-youth interaction sessions; and 6) church-based programs. An evaluation of the project concluded that participation was advantageous for youth serving agencies. Among these benefits were increased attendance by youth and increased involvement in agency activities by parents. Other outcomes related to increased knowledge and understanding of the matters dealt with in the programs.

The Center for Population Options has reviewed the four model curricula which were developed under the Title X program. CPO finds each to be a

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valuable resource for local communities. We believe that the process utilized in the development of each curriculum - particularly the inclusion of a citizen task force - is evidence of community involvement in the process of educating adolescents on human sexuality issues. It should be noted that the intention of the curricula is as a resource. There is no suggestion that, while the federal government has paid for these materials, such curricula be mandated anywhere. On the contrary, it is clear that because the federal government took the opportunity to assure that these curricula were developed with local community involvement that the federal government expects the curricula to be used only by those who wish to use it.

The Center for Population Options hopes that the Subcommittee will assure that the Family Planning Office has the opportunity to continue to spend funds for the development of model curricula. The usefulness of these materials should be apparent. Because of these valuable resources local communities need not "reinvent the wheel" but rather have an opportunity to critique an existing educational resource for the purpose of refining it to community needs.

An important question for any local community which becomes involved in adolescent sexuality education through schools, youth serving agencies or churches is who should be involved in the design of curricula and who should teach the curricula. We believe these decisions ought to be determined locally. We believe that communities ought to be encouraged to design advisory task forces which include a representative sampling of the population as well as the full array of professional advice available; however, we do not believe the federal government ought to mandate the composition of this type of advisory group.

The parental role in sexuality education is important. It should be noted that most school, church and youth agency programs are conducted with parental knowledge or consent. Any concern that organized sexuality education takes away parental prerogatives is not well-founded. It is significant to recognize in any discussion of adolescent sexuality education that 77% of American adults are in favor of such education according to a Gallup poll of 1977 which was released in 1978. One of the real problems faced by parents today is their own sense that they are inadequately prepared or comfortable about teaching sex education to their children. For example, in a Cleveland study, most parents said that they wanted their children to know about adolescent sexuality questions but less than 12% ever talked with their children about such issues. There is a clear need for working with parents at the same time as we work with adolescents. It is important to note that participation in family life education programs has been shown to increase parent/child discussion on these important and sensitive issues. The Center for Population Options has put together a fact sheet on sex education which indicates some of the salient data and demonstrates the need for sexuality education and the effects of sexuality education. We submit this fact sheet for the record.

The Center for Population Options supports the continued federal role in the development of model curricula. In our work with youth serving agencies around the country, we are always searching for well thought through materials. We have found the four curricula to be just that. We believe that having such materials to review in another local community is a cost-effective method for the development of materials appropriate to other communities.

We appreciate your attention to our concerns.

Sincerely,

Judith Senderowitz

Judith Senderowitz
Executive Director

FACT SHEET ON SEX EDUCATION

I. Prevalence of Sex Education in U.S. schools

- Only 10% of public school systems "fully provided" sex education. (National Education Association survey in 1974)
- "Less than 10% of all students actually receive sex education."
- "Far fewer than 10% of all teenagers receive a separate course in sex education." (Kirby, Alter, and Scales, '79)

Different studies have shown that between 1/3 to 1/2 of schools are offering some sex education. However, it is very rare that sex and family life education are offered as separate courses; "what is provided seems to occur within other courses and to take up a small amount of classroom time." (Scales, '79)

II. Need for Sex Education

Inaccuracy of Major Sources:

- The major source of sexual information for today's young people is their friends (Thornburg, '75), with the media becoming an increasingly important preferred source. (Shirreffs and Dezelsky, '79)
- The information provided by friends and the media is often inaccurate. (Reichelt and Werley, '76; Thornburg, '75)

In a study by Thornburg, students reported the greatest accuracy in information provided by the school, literature, and their mothers, (on venereal disease, abortion and menstruation respectively), and the least accuracy on information (such as homosexuality, intercourse and masturbation) provided by their peers. (Thornburg, '75)

Lack of Sexual Knowledge:

- Less than 40% of sexually active teenagers knew when in the menstrual cycle conception was most likely to occur. (Kantner and Zelnik, '72; Ross, '79)

- 7 out of 10 sexually active teenagers who did not use contraception believed they could not become pregnant. (Shah, Zelnik, and Kantner, '75)

- Many high school students are not aware of the symptoms, prevention, and consequences of venereal disease. (Hayes and Littlefield, '76)

Inadequacy of Current Sources

- Schools do not provide adequate or comprehensive education on sexuality. (See Section I above)

- A recent review of 31 books on sex education for adolescents found that "most were inadequate because they didn't cover content that was interesting to their adolescent audience." (Rubenstein, Watson, and Rubenstein, '77)

FACT SHEET/2

- Parents do not feel adequately prepared or comfortable about teaching sex education to their children.

  In a Cleveland study, most parents said that they want their children to know about erotic activity by the time they are teenagers, yet less than 12% have ever talked with their children about any of the following: premarital intercourse, VD or contraception. (Project on Human Sexual Development)

  Another study of suburban Illinois parents found that 72% of the sample acknowledged that they did not provide adequate information about sexuality to their adolescent children. (Conley and Haff, '74)

III. Support for Sex Education

- The majority of Americans support the teaching of sex education in schools, including birth control information.

  The Gallup Poll of 1977 (released in 1978) showed 77% of American adults in favor of sex education.

  The Project on Human Sexual Development showed that 80% of Cleveland parents support sex education in the schools.

- When parents are given the option to withdraw their children from sex education classes, nationwide, less than 3% actually did so. (Kirby, Alter, and Scales, '79; Gendel and Pauline, '71)

- Students themselves identify the lack of sex education and express strong support for its inclusion in the school curriculum.

  Survey of Southern California teens found that literally 100% agreed that schools should provide sex education, and 93% felt that there was an urgent need for such education. (Dearth, '74)

  Another survey of 5,000 students (grades K through 12) found that these students not only wanted sex education to be taught in the schools but that it should be taught no later than the fifth grade. (Teach Us What We Want To Know, '69)

- A wide variety of highly respected organizations have gone on public record supporting sex education for young people. This list includes several health, education, religious, and social service groups, such as: American School Health Association, National Congress of Parents and Teachers, Catholic Youth Organization, YMCA, YWCA, etc. (Positive Policy Handbook, '75)

FACT SHEET/3

IV. Effects of Sex Education

Effect on Knowledge:

- Studies have consistently shown that instruction in sex education does increase knowledge of sexuality. (Kirby, Alter, and Scales, '79; Family Life and Sex Education: A Summary of Facts & Findings, '79)

  Only two studies found "no impact of sex education upon subsequent knowledge" but "these studies had serious and methodological weaknesses" and both were surveys of college students. (Kirby, Alter, and Scales, '79)

Effect on Attitudes:

- Sex education courses have helped students to develop more positive attitudes about sexuality and to be more tolerant of the sexual practices of others. (Kirby, Alter, and Scales, '79)

  Parcel and Lutman, in their study, found that in the experimental group (those who had taken a sex education course), there was a 50% decrease in the feeling that masturbation was wrong and an increase in the belief that masturbation was acceptable for one self. There was a much greater acceptance of homosexuality for others. (Parcel and Lutman, '79)

  Another study (Hoch, '71) showed the same findings in regards to greater tolerance towards homosexuality, as well as a higher level of confidence in the ability to make later sexual decisions. There was also a significant increase in the acceptance of family planning and contraception.

  In all the studies, there was no evidence to substantiate a change in the personal values of the students; while there was greater acceptance of differences in sexual behavior for others, they maintained their own feelings about acceptable sexual behavior for themselves.

Effect on Behavior:

- There does not appear to be any increase in sexual behavior such as petting or intercourse as a result of participation in a sex education course. (Kirby, Alter, and Scales, '79; Family Life & Sex Education: A Summary of Facts & Findings, '79)

  Teenagers themselves maintain that possession of adequate and accurate information would reduce sexual experimentation. (Teach Us What We Want To Know, '69)

  Birth control information of itself is not enough to influence the prevalence of premarital sexual behavior. (Reiss, '70)

- Courses which emphasize contraception may increase the use of more effective birth control methods and decrease the incidence of unprotected intercourse and the use of ineffective contraceptive methods. (Shipley, '74; Family Life & Sex Education: A Summary of Facts & Findings, '79)

  The establishment of a comprehensive health clinic within school grounds led to a decline in that high school's fertility rate by 56%.

FACT SHEET/4

The students who began using contraception showed an 86% continuation rate after one year, and none became pregnant during that time. (Brann, et al., '78)

- Several studies have documented decreases in the incidence of VD due to the introduction of sex education courses. (Family Life & Sex Education: A Summary of Facts & Findings, '79)
- Family life education has been shown to increase parent-child interactions in sex-related matters. (Family Life & Sex Education: A Summary of Facts & Findings, '79)

Effect on Self-Esteem:

- Several studies have indicated that participation in a family life education course had positive impacts on the student's self-concept, self-confidence, self-autonomy, and ability to relate to others, which led to an overall healthier personality. (Family Life & Sex Education: A Summary of Facts & Findings, '79)

april, 1980

The Center for Population Options

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(Note: In the interest of economy, additional material submitted for the record comprising excerpts from publications printed for the Bureau of Community Health Services of the Department of Health, Education, and Welfare and submitted as Guides Nos. 1 through 4, was retained in the files of the committee due to its voluminous content.)

ARNOLD BROWN
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OFFICE OF
THE NATIONAL COMMANDER

(212) [illegible]

October 6, 1981

The Honorable Jeremiah Denton, Chairman
Subcommittee on Aging, Family & Human Services
The United States Senate
Washington, D.C. 20510

Dear Senator Denton:

We have followed with great interest your efforts on behalf of sexually active teenagers and their families. We believe it is essential that federal funding continues to be available for work on this critical issue.

The Salvation Army experience with less chance adolescents supports our belief that teenagers need, want and will use help in dealing with their sexuality when it is placed in the total context of their lives. Such help must come from adults who are informed, who really care about them individually, who are supportive under all circumstances, and who know how to help them use the range of available community resources.

Support for this belief appears in the preliminary research data from a current, federally funded program. We find that young people have increased their knowledge of self and of community, and thereby their capacity to take responsible charge of their own lives.

We had this same experience from an earlier federally funded program involving inner-city teenagers. This was concerned with education for parenthood.

We are committed to working with these young people. The stimulation, interest, and financial support of the federal government encouraged us to becoming more actively involved. The need for federal funding for developing curricula, trying new programs, and researching results is critical. We trust your support will be continued.

We ask that this letter be made part of the report of your September 28 hearing.

With warm greetings and every good wish.

Sincerely yours,

Ernest Holz

Ernest W. Holz
COMMISSIONER

EPC/jcm

Senator **Denton**. This hearing stands adjourned.

[Whereupon, at 1:02 p.m., the subcommittee adjourned, subject to the call of the Chair.]

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